

If you experience problems accessing any of the information
in the MOCAS Reconciliation's #HQ0423-04-R-0002 section
please contact:

John Love, Contractor Support

Phone: (614) 693-1338

Fax: (614) 693-5674

Email: john.love@dfas.mil

REQUEST FOR MOCAS ACTION/INFORMATION					DATE
TO		FROM	OFFICE SYMBOL	NAME	TELEPHONE
CONTRACT NUMBER			CONTRACTOR		
I. CONTRACT ADMINISTRATION REPORT (CAR)					
a. <input type="checkbox"/> Move contract to Section _____ reason _____ b. <input type="checkbox"/> NLA problem, Explain: _____ c. <input type="checkbox"/> Need Final Pay NLS, Reason for excess funds: _____ d. <input type="checkbox"/> Reopen, Reason: PLEASE SEE COMMENTS BELOW: _____					
II. RECONCILIATION					
e. <input type="checkbox"/> Identify fund balances of \$ _____ As appears on _____ / _____ (Month) CAR _____ f. <input type="checkbox"/> Comptroller advice of error/problem on Obligated/Unobligated Balances of CAR, Specify: _____ <div style="text-align: center;">SEE BELOW</div> Action taken: _____					
III. CONTRACT DATA INPUT					
g. <input type="checkbox"/> Correct Final Delivery Date (FDD) to _____ / _____ / _____ h. <input type="checkbox"/> Add/delete Special Provision Contract Code(s) Request needed provision records be updated. _____ i. <input type="checkbox"/> The following R9 Code(s) have been added/deleted Request needed provision records be updated. _____ j. <input type="checkbox"/> Correct contract line item/schedule data in accordance with attached marked-up abstract/screen print. k. <input type="checkbox"/> Add/correct Facility Code to _____ l. <input type="checkbox"/> Change Inspection/Acceptance Code to _____					
IV. MATERIAL INSPECTION AND RECEIVING REPORT (DD FORM 250)					
m. <input type="checkbox"/> Correction required. Specify: _____ n. <input type="checkbox"/> Request Final Ship Indicator be removed. _____					
V. ATTACHED COPY OF CONTRACT MOD FOR INITIAL INPUT					
ADDITIONAL COMMENTS Reference: Contract _____ Contractor has not received payment for BVN00025 in the amount of \$10,019.13. The invoice was submitted on _____. When DFAS vendor pay was called, it was determined that the invoice was rejected because it would have resulted in an overpayment on ACRN: AF. However, when the payment history was requested on ACRN: AF, we discovered that BVN0019 had been submitted _____ and billed _____ and paid on or about \$3,946.90 and ACRN: AG for \$185.78. The entire amount of voucher BVN0019 (\$5,902.58) was paid against ACRNAF. This created a discrepancy of \$1,955.58 in what we showed as billed against ACRN AF and what DFAS showed as billed against AF.					

PROBLEM 2

03/05/03245
000100650002

Contingent Liability Report

Date: [REDACTED]

PIIN	SPIIN	ACRN	Sub Trans	Sec	Fund Code	Limit	Supplemental Accounting	Acctg Station	ACRN Obligation	ACRN Unliquidated	Cancelled Fund Ind
[REDACTED]	[REDACTED]	AB		1	[REDACTED]		[REDACTED]	[REDACTED]	\$38,587.00	\$3,335.79	
[REDACTED]	[REDACTED]	AC		1	[REDACTED]		[REDACTED]	[REDACTED]	\$6,037.00	\$30.83	
[REDACTED]	[REDACTED]	AD		1	[REDACTED]		[REDACTED]	[REDACTED]	\$34,101.00	\$304.90	
[REDACTED]	[REDACTED]	AE		1	[REDACTED]		[REDACTED]	[REDACTED]	\$26,820.00	\$350.65	
[REDACTED]	[REDACTED]	AF		1	[REDACTED]		[REDACTED]	[REDACTED]	\$21,850.00	\$1,041.90	
[REDACTED]	[REDACTED]	AG		1	[REDACTED]		[REDACTED]	[REDACTED]	\$4,750.00	\$685.86	
[REDACTED]	[REDACTED]	AH		1	[REDACTED]		[REDACTED]	[REDACTED]	\$18,000.00	\$5,036.97	
[REDACTED]	[REDACTED]	AJ		1	[REDACTED]		[REDACTED]	[REDACTED]	\$1,900.00	\$1.14	
[REDACTED]	[REDACTED]	AL		1	[REDACTED]		[REDACTED]	[REDACTED]	\$49,524.00	\$33,560.77	
[REDACTED]	[REDACTED]	AM		1	[REDACTED]		[REDACTED]	[REDACTED]	\$35,500.00	\$35,500.00	
									\$237,069.00	\$79,848.81	
									\$237,069.00	\$79,848.81	

Contract History

Date: [REDACTED]

PIIN	SPIIN		ACRN	SV	Limit	Fund Code	Appropriation	Accounting Station	PP	TP	Shipment No.	Voucher No.	Disbursement Date	Disbursement Amount	Sub Trans	
[REDACTED]	[REDACTED]	[REDACTED]	AA	1		[REDACTED]		[REDACTED]				MOD 01	[REDACTED]	(\$26,820.00)		
[REDACTED]	[REDACTED]	[REDACTED]		1		[REDACTED]		[REDACTED]				DO	[REDACTED]	\$26,820.00		

AB	1					[REDACTED]		[REDACTED]	015	2	BVN0015	[REDACTED]	[REDACTED]	\$15.48		
	1					[REDACTED]		[REDACTED]	009	2	BVN0009	[REDACTED]	[REDACTED]	\$1,209.30		
	1					[REDACTED]		[REDACTED]	005	2	BVN0005	[REDACTED]	[REDACTED]	\$1,515.80		
	1					[REDACTED]		[REDACTED]	002	2	BVN0002	[REDACTED]	[REDACTED]	\$3,179.48		
	1					[REDACTED]		[REDACTED]	004	2	BVN0004	[REDACTED]	[REDACTED]	\$585.24		
	1					[REDACTED]		[REDACTED]	007	2	BVN0007	[REDACTED]	[REDACTED]	\$6,882.04		
	1					[REDACTED]		[REDACTED]	008	2	BVN0008	[REDACTED]	[REDACTED]	\$4,377.78		
	1					[REDACTED]		[REDACTED]	010	2	BVN0010	[REDACTED]	[REDACTED]	\$5,362.58		
	1					[REDACTED]		[REDACTED]	000	9	BVN0028	[REDACTED]	[REDACTED]	(\$0.11)		
	1					[REDACTED]		[REDACTED]	017	2	BVN0017	[REDACTED]	[REDACTED]	\$6.25		
	1					[REDACTED]		[REDACTED]	020	2	BVN0020	[REDACTED]	[REDACTED]	\$1,663.72		
	1					[REDACTED]		[REDACTED]	018	2	BVN0018	[REDACTED]	[REDACTED]	\$2,000.00		
	1					[REDACTED]		[REDACTED]	020		BVN0020	[REDACTED]	[REDACTED]	(\$1,663.72)		
	1					[REDACTED]		[REDACTED]				DO	[REDACTED]	\$38,587.00		
	1					[REDACTED]		[REDACTED]	001	2	BVN0001	[REDACTED]	[REDACTED]	\$7,351.65		
	1					[REDACTED]		[REDACTED]	006	2	BVN0006	[REDACTED]	[REDACTED]	\$1,765.72		
	1					[REDACTED]		[REDACTED]	014	2	BVN0014	[REDACTED]	[REDACTED]	\$1,000.00		

AC	1					[REDACTED]		[REDACTED]	015	2	BVN0015	[REDACTED]	[REDACTED]	\$15.48		
	1					[REDACTED]		[REDACTED]	011	2	BVN0011	[REDACTED]	[REDACTED]	\$26.48		
	1					[REDACTED]		[REDACTED]	010	2	BVN0010	[REDACTED]	[REDACTED]	\$789.58		
	1					[REDACTED]		[REDACTED]	003	2	BVN0003	[REDACTED]	[REDACTED]	\$2,001.20		
	1					[REDACTED]		[REDACTED]	000	9	BVN0028	[REDACTED]	[REDACTED]	(\$0.10)		

Contract History

Date

PIIN	SPIIN	ACRN	SV	Limit	Fund Code	Appropriation	Accounting Station	PP	TP	Shipment No.	Voucher No.	Disbursement Date	Disbursement Amount	Sub Trans
		AC...	1					017	2	BVN0017			\$5.48	
			1					001	2	BVN0001			\$3,168.05	
			1								DO		\$6,037.00	

	AD	1	1					016	2	BVN0016			\$26.75	
		1	1					013	2	BVN0013			\$4,434.67	
		1	1					012	2	BVN0012			\$10,069.27	
		1	1					011	2	BVN0011			\$10,536.23	
		1	1					015	2	BVN0015			\$68.99	
		1	1					014	2	BVN0014			\$3,797.77	
		1	1					000	9	BVN0028			(\$43.19)	
		1	1					013	2	BVN0013			\$1,742.14	
		1	1					014	2	BVN0014			\$598.19	
		1	1					015	2	BVN0015			\$23.91	
		1	1					017	2	BVN0017			\$3.50	
		1	1					006	2	BVN0006			\$2,537.87	
		1	1								DO		\$34,101.00	

	AE	1	1					018	2	BVN0018			\$76.24	
		1	1					017	2	BVN0017			\$1,128.04	
		1	1					015	2	BVN0015			\$517.13	
		1	1					008	2	BVN0008			\$567.68	
		1	1					007	2	BVN0007			\$2,922.76	
		1	1					016	2	BVN0016			\$6,853.52	
		1	1					000	9	BVN0028			(\$103.69)	
		1	1					022	2	BVN0022			\$5.86	

Contract History

Date:

PIIN	SPIIN	ACRN	SV	Limit	Fund Code	Appropriation	Accounting Station	PP	TP	Shipment No.	Voucher No.	Disbursement Date	Disbursement Amount	Sub Trans
		AE...	1					008	2	BVN0008			\$2,014.85	
			1					010		BVN0010			(\$8.34)	
			1					015	2	BVN0015			\$6,191.61	
			1					017	2	BVN0017			\$2,278.31	
			1					026	2	BVN0027			\$2.62	
			1					020		BVN0020			(\$10.78)	
			1					020	2	BVN0020			\$10.78	
			1					006	2	BVN0006			\$1,996.01	
			1					020	2	BVN0020			\$26.75	
			1								MOD 01		\$26,820.00	
			1					014	2	BVN0014			\$2,000.00	

		AF	1					024	2	BVN0024			\$1,361.00	
			1					022	2	BVN0022			\$2,994.24	
			1					025	2	BVN0026			\$787.48	
			1					018	2	BVN0018			\$2,177.68	
			1					021	2	BVN0021			\$3,420.50	
			1					019	2	BVN0019			\$5,902.58	
			1					020	2	BVN0020			\$4,164.62	
			1								06		\$21,850.00	

		AG	1					022	2	BVN0022			\$574.49	
			1					021	2	BVN0021			\$819.25	
			1					000	9	BVN0028			(\$0.08)	
			1					026	2	BVN0027			\$3.63	
			1					020	2	BVN0020			\$1,166.85	

Contract History

Date: [REDACTED]

PIIN	SPIIN		ACRN	SV	Limit	Fund Code	Appropriation	Accounting Station	PP	TP	Shipment No.	Voucher No.	Disbursement Date	Disbursement Amount	Sub Trans
			AG...	1					018	2	BVN0018			\$1,500.00	
				1								06		\$4,750.00	
		AH	1						023	2	BVN0023			\$4,499.82	
			1						022	2	BVN0022			\$2,325.15	
			1						025	2	BVN0026			\$5,482.92	
			1						000	9	BVN0028			(\$12.17)	
			1						026	2	BVN0027			\$667.31	
			1									06		\$18,000.00	
		AJ	1						025	2	BVN0026			\$1,837.35	
			1						000	9	BVN0028			(\$1.14)	
			1						026	2	BVN0027			\$62.65	
			1									06		\$1,900.00	
		AK	1									09		\$49,524.00	
			1									10		(\$49,524.00)	
		AL	1						029	2	BVN0031			\$3,226.47	
			1						028	2	BVN0030			\$2,679.81	
			1						025	2	BVN0026			\$748.55	
			1						030	2	BVN0032			\$2,415.43	
			1						027	2	BVN0029			\$6,524.21	
			1						029	2	BVN0031			\$99.44	
			1						026	2	BVN0027			\$274.32	

Detail Filter: PIIN = [REDACTED]

Contract History

Date: [REDACTED]

PIIN	SPIIN	ACRN	SV	Limit	Fund Code	Appropriation	Accounting Station	PP	TP	Shipment No.	Voucher No.	Disbursement Date	Disbursement Amount	Sub Trans
[REDACTED]	[REDACTED]	AL...	1		[REDACTED]	[REDACTED]	[REDACTED]	000	9	BVN0028	[REDACTED]	[REDACTED]	(\$5.00)	
[REDACTED]	[REDACTED]		1		[REDACTED]	[REDACTED]	[REDACTED]				10	[REDACTED]	\$49,524.00	
		AM	1		[REDACTED]		[REDACTED]				11	[REDACTED]	\$35,500.00	

ORDER FOR SUPPLIES OR SERVICES

PAGE 1 OF

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1. CONTRACT/PURCH. ORDER/ AGREEMENT NO. [REDACTED]		2. DELIVERY ORDER/ CALL NO. [REDACTED]		3. DATE OF ORDER/CALL [REDACTED]		4. REQ./ PURCH. REQUEST NO. [REDACTED]		5. PRIORITY DX-A2	
6. ISSUED BY [REDACTED] CODE [REDACTED]				7. ADMINISTERED BY [REDACTED] CODE [REDACTED]				8. DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER (See Schedule if other)	
9. CONTRACTOR [REDACTED] CODE [REDACTED]				FACILITY [REDACTED]		10. DELIVER TO FOB POINT BY (Date) SEE SCHEDULE		11. MARK IF BUSINESS IS <input checked="" type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED	
14. SHIP TO CODE [REDACTED] SEE SCHEDULE				15. PAYMENT WILL BE MADE BY CODE [REDACTED] [REDACTED]				13. MAIL INVOICES TO THE ADDRESS IN BLOCK See Item 15	
16. TYPE OF ORDER		DELIVERY/ CALL <input checked="" type="checkbox"/>		This delivery order/call is issued on another Govt. agency or in accordance with and subject to terms and conditions of above numbered contract.					
PURCHASE		<input type="checkbox"/>		Reference your quote dated _____					
				Furnish the following on terms specified herein.					
<p>ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.</p>									
NAME OF CONTRACTOR			SIGNATURE			TYPED NAME AND TITLE			DATE SIGNED (YYYYMMDD)
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:									
17. ACCOUNTING AND APPROPRIATION DATA/ LOCAL USE See Schedule									
18. ITEM NO.	19. SCHEDULE OF SUPPLIES/ SERVICES				20. QUANTITY ORDERED/ ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT	
	SEE SCHEDULE								
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle					24. UNITED STATES OF AMERICA BY: [REDACTED]		25. TOTAL	\$105,545.00	
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED DATE _____ SIGNATURE OF AUTHORIZED GOVT. REP. _____					27. SHIP NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		28. DO VOUCHER NO. 32. PAID BY		29. DIFFERENCES 30. INITIALS
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____					31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		33. AMOUNT VERIFIED CORRECT FOR		34. CHECK NUMBER
37. RECEIVED AT		38. RECEIVED BY		39. DATE RECEIVED (YYYYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NO.	
								42. S/R VOUCHER NO.	

SECTION B Supplies or Services and Prices

ITEM NO	SUPPLIES/SERVICES	MAX QUANTITY	UNIT	UNIT PRICE	MAX AMOUNT
0001	SETAC - FP Labor	1.00	Lot	\$	\$ NTE
COST - Provide services outlined in the scope of work (SOW), as defined in a given task order (T/O), at the fixed prices/government labor category specified in Section B paragraph entitled, "GOVERNMENT LABOR CATEGORIES AND ASSOCIATED FIXED PRICES PER DPPH"					
PURCHASE REQUEST NUMBER [REDACTED]					
MAX COST					\$95,045.00

ITEM NO	SUPPLIES/SERVICES	MAX QUANTITY	UNIT	UNIT PRICE	MAX AMOUNT
0003	Consultants	1.00	Lot	\$	\$ NTE
COST - Provide services outlined in the scope of work (SOW) at the cost reimbursable amounts as approved on a task-order-by-task-order basis. Total Fee, including prime and subcontractor/consultant, shall not exceed 3% of the estimated costs. This CLIN is valid during the three-year base period as well as any/all award term extensions earned by the contractor.					
PURCHASE REQUEST NUMBER [REDACTED]					
MAX COST					\$0.00

ITEM NO	SUPPLIES/SERVICES	MAX QUANTITY	UNIT	UNIT PRICE	MAX AMOUNT
0004	Materials and STE	1.00	Lot	\$	\$ NTE

COST - Provide materials, special test equipment (STE), and associated services outlined in the individual task orders at the cost reimbursable amounts as approved by the T/OM and the Contracting Officer. NO FEE ON THIS CLIN. This CLIN is valid during the three-year base period as well as any/all award term extensions earned by the contractor.

PURCHASE REQUEST NUMBER [REDACTED]

MAX COST \$500.00

ITEM NO	SUPPLIES/SERVICES	MAX QUANTITY	UNIT	UNIT PRICE	MAX AMOUNT
0005	Travel	1.00	Lot	\$	\$ NTE

COST - Travel as directed in the individual task orders. Travel must be completed within the cost reimbursable amounts allowed per the Joint Travel Regulations and the DCAA-approved Company-Implemented Policy and Procedures. NO FEE ON THIS CLIN. This CLIN is valid during the three-year base period as well as any/all award term extensions earned by the contractor.

PURCHASE REQUEST NUMBER [REDACTED]

MAX COST \$10,000.00

BLOCK 17 (DD1155) CONTINUED:

TASK ORDER FUNDS REQUIRED	\$105,545
TASK ORDER FUNDS AVAILABLE	\$105,545
UNFUNDED BALANCE	\$0

BLOCK 18 (DD1155) CONTINUED: In the performance of this Task Order (T/O), the contractor shall provide the total Direct Productive Person Hours (DPPHs), plus or minus 10 percent, as stated for fixed-price labor categories stated in Section B of the contract listed in Block 1 of the DD Form 1155. These DPPHs shall be billed at the fixed price stated in Exhibit V of the contract. The contractor shall not exceed the DPPHs, nor the total dollars, stated for

consultant below. The contractor is allowed to provide up to 10 percent less than the DPPHs stated for consultant and still expend the total dollars as stated in the T/O. Furthermore, under no circumstance shall the contractor exceed the dollars stated for Materials, Travel, or Total T/O.

LABOR CATEGORIES: Labor categories are as listed in the contract, Section B, paragraph entitled "GOVERNMENT LABOR CATEGORIES AND ASSOCIATED FIXED PRICES PER DPPH"

	DPPHs ORDERED	NTE AMOUNT
FIXED-PRICE LABOR TOTAL	1,267 DPPHs	\$95,045
*CONSULTANT TOTAL	0 DPPHs	\$0
T/O TOTAL LABOR	1,267 DPPHs	\$95,045
MATERIAL	NTE	\$500
TRAVEL	NTE	\$10,000
T/O TOTAL		\$105,545

**Consultant requirements must have prior written approval of the Administrative Contracting Officer (ACO) (via subcontract consent package) before any costs are incurred under the consultant CLIN.

SECTION C Descriptions and Specifications

STATEMENT OF WORK:

"FUNCTIONAL ENGINEERING AND PROGRAMMATIC SUPPORT FOR THE PROGRAM EXECUTIVE OFFICE, TACTICAL MISSILES (PEO-TM)"

1.0 Objective: The contractor shall provide programmatic support to the Program Executive Officer, Deputy Program Executive Officer and Staff.

2.0 The contractor shall observe and assess the current PEO-TM processes and the organization for conducting congressional activities and building budgets; provide recommendations for revisions to the current process or the creation of new processes; provide strategic planning, research, analysis, assessments and assistance to the PEO-TM in support of the Department of the Army budget process and annual congressional authorization and appropriations cycle. The primary focus will be on developing a congressional action plan to guide the PEO-TM during the PPBES cycle. The contractor shall conduct analyses to identify PEO-TM issues that may be of particular interest to Congress in the authorization and appropriations process. The contractor shall assist the PEO-TM in coordinating with other agencies that have an interest in PEO-TM programs to ensure effective execution of congressional activities. The contractor shall track congressional "marks" of programs of interest to the PEO-TM and as necessary, assist in developing responses to congressional actions, preparing briefings and supporting "what-if" exercises. Under no circumstances shall the contractor perform any service that could be deemed to fall within the definition of "lobbying" IAW FAR 31.205-22 and/or DFARS 31.205-22.

3.0 As a result of the efforts described in paragraphs 2.0 above, the contractor shall prepare briefings and reports as directed. The briefings will be presented locally, in Washington, DC and/or as executive briefings to be presented at the three and four star general officer level. Additionally, the contractor may be required to attend conferences and integrated program reviews, as well as other related meetings, to obtain data required in the performance of this statement of objectives. Briefings may be presented at the contractor's facility, the Program Executive Office or other government agencies. The contractor shall prepare high quality graphics and briefing materials; access will be provided to the PEO-TM facilities as necessary to complete these activities. This support will require rapid responses.

4.0 The contractor and/or subcontractor shall prepare and present deliverables in various media types. Due to the nature of staff responsibilities, the exact media type and number of copies will be defined for each briefing. Paper copies, transparencies, and electronic media may be required in either DOS or MAC versions.

PERIOD OF PERFORMANCE:

KEY PERSONNEL: TBD

DELIVERABLES:

Item/Title	CDRL#	# Copies	Delivery Date
Task Order Management Plan	A001	1 *	Per CDRL
FMER	A003	1 *	Per CDRL
Interim Technical Report	A004	1	As Required

Monthly Performance Report	A004	1	8 th Day of Each Month
Final Technical Report	A005	2 */**	
Conference Minutes	A006	1	As Required
Data Accession List	A007	1	Per CDRL

* Plus Electronic Version.

ESTIMATED TRAVEL: The contractor has no authority to incur travel costs without explicit prior written approval (email acceptable) of the Task Order Monitor. Under no circumstance shall the contractor incur travel costs in excess of the NTE amount stated herein. NTE: \$10,000

ESTIMATED COST FOR MATERIALS AND/OR SPECIAL TEST EQUIPMENT: The contractor has no authority to incur material costs without the explicit prior written approval of the contracting officer. Prior to forwarding requests to the contracting officer, the contractor shall obtain the Task Order Monitor's concurrence. Electronic Mail (email) shall be utilized for both steps in this process. Under no circumstance shall the contractor incur materials costs in excess of the NTE amount stated herein. NTE: \$500

SPECIAL INSTRUCTIONS:

Cost data shall be segregated/reported/vouchered/paid at the ACRN level.

The "Limitation of Funds" is applicable at the ACRN level.

The effort described in the Task Order Statement of Work, which is anticipated to be performed in FY02, is subject to the Clause at FAR 52.232-18, Availability of Funds.

All of the terms and conditions of the contract listed in Block 1 above are applicable to this T/O.

All of the provisions and clauses of the contract listed in Block 1 above are applicable to this T/O.

The following Government Furnished Property or Test Facilities are available for use in performance of this Task Order:

or use in performance of this Task Order (if determined to be necessary and available by the Task Order Monitor).

It is incumbent upon the contractor and/or subcontractor to ensure that appropriate Technical Assistance Agreements (TAAs) and/or applicable export licenses are in place before conducting any activity under the SOW which requires such approval and documentation.

TASK ORDER MONITOR:

MAILING ADDRESS: Program Executive Office, [REDACTED]
[REDACTED]

ALTERNATE TASK ORDER MONITOR: [REDACTED]
[REDACTED]

MAILING ADDRESS: Program Executive Office [REDACTED]
[REDACTED]

SECTION G Contract Administration Data

ACCOUNTING AND APPROPRIATION DATA

AA:	[REDACTED]	000000000000
AMOUNT:	\$26,820.00	

AB:	[REDACTED]	000000000000
AMOUNT:	\$38,587.00	

AC:	[REDACTED]	000000000000
AMOUNT:	\$6,037.00	

AD:	[REDACTED]	000000000000
AMOUNT:	\$34,101.00	

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT				1. CONTRACT ID CODE 0		PAGE OF PAGES 1 2	
2. AMENDMENT/MODIFICATION NO. 01		3. EFFECTIVE DATE [REDACTED]		4. REQUISITION/PURCHASE REQ. NO. [REDACTED]		5. PROJECT NO. (If applicable)	
6. ISSUED BY [REDACTED] [REDACTED] [REDACTED]		CODE [REDACTED]		7. ADMINISTERED BY (If other than item 6) [REDACTED] [REDACTED]		CODE [REDACTED]	
8. NAME AND ADDRESS OF CONTRACTOR (No., Street, County, State and Zip Code) [REDACTED] [REDACTED]				9A. AMENDMENT OF SOLICITATION NO.			
				9B. DATED (SEE ITEM 11)			
				X 10A. MOD. OF CONTRACT/ORDER NO. [REDACTED]			
				X 10B. DATED (SEE ITEM 13) [REDACTED]			
CODE [REDACTED]		FACILITY CODE					
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS							
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offer <input type="checkbox"/> is extended, <input type="checkbox"/> is not extended. Offer must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.							
12. ACCOUNTING AND APPROPRIATION DATA (If required) See Schedule							
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.							
A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.							
X B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(B).							
C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:							
D. OTHER (Specify type of modification and authority)							
E. IMPORTANT: Contractor <input type="checkbox"/> is not, <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office.							
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) See Continuation Pages							
Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.							
15A. NAME AND TITLE OF SIGNER (Type or print)				16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) [REDACTED]			
15B. CONTRACTOR/OFFEROR (Signature of person authorized to sign)		15C. DATE SIGNED		16B. UNITED STATES OF AMERICA BY (Signature of Contracting Officer)		16C. DATE SIGNED [REDACTED]	

EXCEPTION TO SF 30
APPROVED BY OIRM 11-84

30-105-04

STANDARD FORM 30 (Rev. 10-83)
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SECTION SF 30 BLOCK 14 CONTINUATION PAGE.

The purpose of this modification is to correct the long line accounting classification for ACRN AA. In order to do this, ACRN AA was reduced to "\$0" and ACRN AE was created as follows:

SUMMARY OF CHANGES

Changes in Section G

Summary for the Payment Office

The total funded amount of the contract remains unchanged.

(Contract Level Funding)

AE: [REDACTED]
is increased by \$26,820.00 from \$0.00 to \$26,820.00

AA: [REDACTED]
is decreased by \$26,820.00 from \$26,820.00 to \$0.00

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT				1. CONTRACT ID CODE Y		PAGE OF PAGES 1 2	
2. AMENDMENT/MODIFICATION NO. 02		3. EFFECTIVE DATE [REDACTED]		4. REQUISITION/PURCHASE REQ. NO. [REDACTED]		5. PROJECT NO.(If applicable)	
6. ISSUED BY [REDACTED] [REDACTED] [REDACTED] [REDACTED]		CODE [REDACTED]		7. ADMINISTERED BY (If other than item 6) [REDACTED] [REDACTED] [REDACTED]		CODE [REDACTED]	
8. NAME AND ADDRESS OF CONTRACTOR (No., Street, County, State and Zip Code) [REDACTED] [REDACTED] [REDACTED]				9A. AMENDMENT OF SOLICITATION NO.			
				9B. DATED (SEE ITEM 11)			
				X 10A. MOD. OF CONTRACT/ORDER NO. [REDACTED]			
				X 10B. DATED (SEE ITEM 13) [REDACTED]			
CODE [REDACTED]		FACILITY CODE					
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS							
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offer <input type="checkbox"/> is extended, <input type="checkbox"/> is not extended. Offer must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.							
12. ACCOUNTING AND APPROPRIATION DATA (If required)							
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.							
A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.							
B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(B).							
C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:							
X D. OTHER (Specify type of modification and authority) Section I, Limitation of Funds and Section H, Task Order Procedure							
E. IMPORTANT: Contractor <input checked="" type="checkbox"/> is not, <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office.							
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) See Continuation Pages. Contracting Office POC: [REDACTED] Contractor POC: [REDACTED]							
Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.							
15A. NAME AND TITLE OF SIGNER (Type or print)				16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) [REDACTED]			
15B. CONTRACTOR/OFFEROR (Signature of person authorized to sign)		15C. DATE SIGNED		16B. UNITED STATES OF AMERICA BY [REDACTED]		16C. DATE SIGNED [REDACTED]	
				(Signature of Contracting Officer)			

EXCEPTION TO SF 30
APPROVED BY OIRM 11-84

30-105-04

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SECTION SF 30 BLOCK 14 CONTINUATION PAGE

SUMMARY OF CHANGES

Changes in Section B

BLOCK 18 (DD1155) CONTINUED: In the performance of this Task Order (T/O), the contractor shall provide the total Direct Productive Person Hours (DPPHs), plus or minus 10 percent, as stated for fixed-price labor categories stated in Section B of the contract listed in Block 1 of the DD Form 1155. These DPPHs shall be billed at the fixed price stated in Exhibit V of the contract. The contractor shall not exceed the DPPHs, nor the total dollars, stated for consultant below. The contractor is allowed to provide up to 10 percent less than the DPPHs stated for consultant and still expend the total dollars as stated in the T/O. Furthermore, under no circumstance shall the contractor exceed the dollars stated for Materials, Travel, or Total T/O.

LABOR CATEGORIES: Labor categories are as listed in the contract, Section B, paragraph entitled "GOVERNMENT LABOR CATEGORIES AND ASSOCIATED FIXED PRICES PER DPPH"

	DPPHs ORDERED	NTE AMOUNT
FIXED-PRICE LABOR TOTAL	1,051 DPPHs	\$95,045
*CONSULTANT TOTAL	0 DPPHs	\$0
T/O TOTAL LABOR	1,051 DPPHs	\$95,045
MATERIAL	NTE	\$500
TRAVEL	NTE	\$10,000
T/O TOTAL		\$105,545

**Consultant requirements must have prior written approval of the Administrative Contracting Officer (ACO) (via subcontract consent package) before any costs are incurred under the consultant CLIN.

Changes in Section C

KEY PERSONNEL:

[REDACTED]

Changes in Section G

Summary for the Payment Office

The total funded amount of the contract remains unchanged.

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT				1. CONTRACT ID CODE Y		PAGE OF PAGES 1 2	
2. AMENDMENT/MODIFICATION NO. 03		3. EFFECTIVE DATE [REDACTED]		4. REQUISITION/PURCHASE REQ. NO. [REDACTED]		5. PROJECT NO. (If applicable)	
6. ISSUED BY [REDACTED]		CODE W31RPD		7. ADMINISTERED BY (If other than item 6) [REDACTED]		CODE [REDACTED]	
8. NAME AND ADDRESS OF CONTRACTOR (No., Street, County, State and Zip Code) [REDACTED]				9A. AMENDMENT OF SOLICITATION NO.			
				9B. DATED (SEE ITEM 11)			
				X 10A. MOD. OF CONTRACT/ORDER NO. [REDACTED]			
				X 10B. DATED (SEE ITEM 13) [REDACTED]			
CODE [REDACTED]		FACILITY CODE					
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS							
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offer <input type="checkbox"/> is extended, <input type="checkbox"/> is not extended. Offer must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.							
12. ACCOUNTING AND APPROPRIATION DATA (If required)							
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.							
A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.							
B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(B).							
C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:							
X D. OTHER (Specify type of modification and authority) Section I, Limitation of Funds and Section H, Task Order Procedure							
E. IMPORTANT: Contractor <input checked="" type="checkbox"/> is not, <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office.							
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) See Continuation Pages. Contracting Office POC: [REDACTED] Contractor POC: [REDACTED]							
Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.							
15A. NAME AND TITLE OF SIGNER (Type or print)				16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) [REDACTED]			
15B. CONTRACTOR/OFFEROR (Signature of person authorized to sign)		15C. DATE SIGNED		16B. UNITED STATES OF AMERICA BY [REDACTED]		16C. DATE SIGNED [REDACTED]	
				(Signature of Contracting Officer)			

SECTION SF 30 BLOCK 14 CONTINUATION PAGE

SUMMARY OF CHANGES

Changes in Section B

CLIN 0001

The total CLIN cost has increased from \$95,045.00 by \$1,661.00 to \$96,706.00

The estimated/max cost has increased from \$95,045.00 by \$1,661.00 to \$96,706.00

CLIN 0005

The total CLIN cost has decreased from \$10,000.00 by \$1,661.00 to \$8,339.00

The estimated/max cost has decreased from \$10,000.00 by \$1,661.00 to \$8,339.00

BLOCK 18 (DD1155) CONTINUED: In the performance of this Task Order (T/O), the contractor shall provide the total Direct Productive Person Hours (DPPHs), plus or minus 10 percent, as stated for fixed-price labor categories stated in Section B of the contract listed in Block 1 of the DD Form 1155. These DPPHs shall be billed at the fixed price stated in Exhibit V of the contract. The contractor shall not exceed the DPPHs, nor the total dollars, stated for consultant below. The contractor is allowed to provide up to 10 percent less than the DPPHs stated for consultant and still expend the total dollars as stated in the T/O. Furthermore, under no circumstance shall the contractor exceed the dollars stated for Materials, Travel, or Total T/O.

LABOR CATEGORIES: Labor categories are as listed in the contract, Section B, paragraph entitled "GOVERNMENT LABOR CATEGORIES AND ASSOCIATED FIXED PRICES PER DPPH"

	DPPHs ORDERED	NTE AMOUNT
FIXED-PRICE LABOR TOTAL	1,051 DPPHs	\$96,706
*CONSULTANT TOTAL	0 DPPHs	\$0
T/O TOTAL LABOR	1,051 DPPHs	\$96,706
MATERIAL	NTE	\$500
TRAVEL	NTE	\$8,339
T/O TOTAL		\$105,545

**Consultant requirements must have prior written approval of the Administrative Contracting Officer (ACO) (via subcontract consent package) before any costs are incurred under the consultant CLIN.

Changes in Section G

Summary for the Payment Office

The total funded amount of the contract remains unchanged.

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT				1. CONTRACT ID CODE Y		PAGE OF PAGES 1 2	
2. AMENDMENT/MODIFICATION NO. 04		3. EFFECTIVE DATE [REDACTED]		4. REQUISITION/PURCHASE REQ. NO. [REDACTED]		5. PROJECT NO.(If applicable) [REDACTED]	
6. ISSUED BY [REDACTED] [REDACTED] [REDACTED]		CODE [REDACTED]		7. ADMINISTERED BY (If other than item 6) [REDACTED] [REDACTED] [REDACTED]		CODE [REDACTED]	
8. NAME AND ADDRESS OF CONTRACTOR (No., Street, County, State and Zip Code) [REDACTED] [REDACTED] [REDACTED]				9A. AMENDMENT OF SOLICITATION NO.			
				9B. DATED (SEE ITEM 11)			
				X 10A. MOD. OF CONTRACT/ORDER NO. [REDACTED]			
				X 10B. DATED (SEE ITEM 13) [REDACTED]			
CODE [REDACTED]		FACILITY CODE					
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS							
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offer <input type="checkbox"/> is extended, <input type="checkbox"/> is not extended. Offer must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.							
12. ACCOUNTING AND APPROPRIATION DATA (If required)							
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.							
A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.							
B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(B).							
C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:							
X D. OTHER (Specify type of modification and authority) Unilateral - Section H: "Task Order Procedure"							
E. IMPORTANT: Contractor <input checked="" type="checkbox"/> is not, <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office.							
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) See Continuation Page: Contractor POC: [REDACTED] [REDACTED] Contracts POC: [REDACTED] [REDACTED]							
Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.							
15A. NAME AND TITLE OF SIGNER (Type or print)				16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) [REDACTED]			
15B. CONTRACTOR/OFFEROR (Signature of person authorized to sign)		15C. DATE SIGNED		16B. UNITED STATES OF AMERICA BY (Signature of Contracting Officer)		16C. DATE SIGNED [REDACTED]	

EXCEPTION TO SF 30
APPROVED BY OIRM 11-84

30-105-04

STANDARD FORM 30 (Rev. 10-83)
Prescribed by GSA
FAR (48 CFR) 53.243

SECTION SF 30 BLOCK 14 CONTINUATION PAGE

SUMMARY OF CHANGES

Changes in Section B

CLIN 0001

The total CLIN cost has decreased from \$96,706.00 by \$4,001.00 to \$92,705.00
 The estimated/max cost has decreased from \$96,706.00 by \$4,001.00 to \$92,705.00

CLIN 0005

The total CLIN cost has increased from \$8,339.00 by \$4,001.00 to \$12,340.00
 The estimated/max cost has increased from \$8,339.00 by \$4,001.00 to \$12,340.00

BLOCK 18 (DD1155) CONTINUED:

	DPPHs ORDERED	NTE AMOUNT
FIXED-PRICE LABOR TOTAL	1,000 DPPHs	\$ 92,705
*CONSULTANT TOTAL	0 DPPHs	\$ 0
T/O TOTAL LABOR	1,000 DPPHs	\$ 92,705
MATERIAL	NTE	\$ 500
TRAVEL	NTE	\$ 12,340
T/O TOTAL		\$ 105,545

Changes in Section C

ESTIMATED TRAVEL: The contractor has no authority to incur travel costs without explicit prior written approval (email acceptable) of the Task Order Monitor. Under no circumstance shall the contractor incur travel costs in excess of the NTE amount stated herein. NTE: \$ 12,340

Changes in Section G

Summary for the Payment Office

The total funded amount of the contract remains unchanged.

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT				1. CONTRACT ID CODE Y		PAGE OF PAGES 1 2	
2. AMENDMENT/MODIFICATION NO. 05		3. EFFECTIVE DATE [REDACTED]		4. REQUISITION/PURCHASE REQ. NO. PF2E9BCJ2K-BASIC		5. PROJECT NO.(If applicable)	
6. ISSUED BY [REDACTED] [REDACTED] [REDACTED]		CODE [REDACTED]		7. ADMINISTERED BY (If other than item 6) [REDACTED] [REDACTED] [REDACTED]		CODE [REDACTED]	
8. NAME AND ADDRESS OF CONTRACTOR (No., Street, County, State and Zip Code) [REDACTED] [REDACTED] [REDACTED]				9A. AMENDMENT OF SOLICITATION NO.			
				9B. DATED (SEE ITEM 11)			
				X 10A. MOD. OF CONTRACT/ORDER NO. [REDACTED]			
				X 10B. DATED (SEE ITEM 13) [REDACTED]			
CODE [REDACTED]		FACILITY CODE					
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS							
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offer <input type="checkbox"/> is extended, <input type="checkbox"/> is not extended. Offer must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.							
12. ACCOUNTING AND APPROPRIATION DATA (If required)							
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.							
A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.							
B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(B).							
C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:							
X D. OTHER (Specify type of modification and authority) Unilateral: Sec I, Limitation of Funds and Sec H, Task Order Procedure							
E. IMPORTANT: Contractor <input checked="" type="checkbox"/> is not, <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office.							
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) Due to a Standard Procurement System defect, the date in block 10b of the SF30 is inaccurate. That date should be [REDACTED] See Continuation Page Contractor POC: [REDACTED] Contracts POC: [REDACTED]							
Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.							
15A. NAME AND TITLE OF SIGNER (Type or print)				16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) [REDACTED] [REDACTED]			
15B. CONTRACTOR/OFFEROR (Signature of person authorized to sign)		15C. DATE SIGNED		16B. UNITED STATES OF AMERICA BY [REDACTED] (Signature of Contracting Officer)		16C. DATE SIGNED [REDACTED]	

EXCEPTION TO SF 30
APPROVED BY OIRM 11-84

30-105-04

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SECTION SF 30 BLOCK 14 CONTINUATION PAGE

SUMMARY OF CHANGES

PERIOD OF PERFORMANCE:

DELIVERABLES:

Item/Title	CDRL#	# Copies	Delivery Date
Task Order Management Plan	A001	1 *	Per CDRL
FMER	A003	1 *	Per CDRL
Interim Technical Report	A004	1	As Required
Monthly Performance Report	A004	1	8 th Day of Each Month
Final Technical Report	A005	2 */**	30 Sep 2003
Conference Minutes	A006	1	As Required
Data Accession List	A007	1	Per CDRL

* Plus Electronic Version.

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT				1. CONTRACT ID CODE Y	PAGE OF PAGES 1 4	
2. AMENDMENT/MODIFICATION NO. 06		3. EFFECTIVE DATE [REDACTED]	4. REQUISITION/PURCHASE REQ. NO. [REDACTED]		5. PROJECT NO.(If applicable)	
6. ISSUED BY [REDACTED] CODE [REDACTED]		7. ADMINISTERED BY (If other than item 6) CODE [REDACTED]				
8. NAME AND ADDRESS OF CONTRACTOR (No., Street, County, State and Zip Code) [REDACTED]				9A. AMENDMENT OF SOLICITATION NO.		
				9B. DATED (SEE ITEM 11)		
				X 10A. MOD. OF CONTRACT/ORDER NO. [REDACTED]		
				X 10B. DATED (SEE ITEM 13) [REDACTED]		
CODE [REDACTED]		FACILITY CODE				
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS						
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offer <input type="checkbox"/> is extended, <input type="checkbox"/> is not extended. Offer must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.						
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X D. OTHER (Specify type of modification and authority) Unilateral: Sec I, Limitation of Funds and Sec H, Task Order Procedure						
E. IMPORTANT: Contractor <input checked="" type="checkbox"/> is not, <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office.						
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) See Continuation Pages Contractor POC: [REDACTED] Contracts POC: [REDACTED] Due to a Standard Procurement System defect, the date in block 10b of the SF30 may be inaccurate. [REDACTED]						
Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.						
15A. NAME AND TITLE OF SIGNER (Type or print)			16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) [REDACTED]			
15B. CONTRACTOR/OFFEROR (Signature of person authorized to sign)		15C. DATE SIGNED	16B. UNITED STATES OF AMERICA BY [REDACTED]		16C. DATE SIGNED [REDACTED]	
			(Signature of Contracting Officer)			

EXCEPTION TO SF 30
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30-105-04

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SECTION SF 30 BLOCK 14 CONTINUATION PAGE

SUMMARY OF CHANGES

SECTION A - SOLICITATION/CONTRACT FORM

The total cost of this contract was increased by \$46,500.00 from \$105,545.00 to \$152,045.00.

SECTION B - SUPPLIES OR SERVICES AND PRICES

CLIN 0001

The estimated/max cost has increased by \$34,500.00 from \$92,705.00 to \$127,205.00.

The total cost of this line item has increased by \$34,500.00 from \$92,705.00 to \$127,205.00.

CLIN 0005

The estimated/max cost has increased by \$12,000.00 from \$12,340.00 to \$24,340.00.

The total cost of this line item has increased by \$12,000.00 from \$12,340.00 to \$24,340.00.

The following have been modified:

BLOCK 17/BLOCK 18 CONTINUED

ACRN AF: EXPIRATION OF FUNDS (HOWEVER, ACRN AF FUNDING MUST BE EXPENDED BY UNLESS THE PERIOD OF PERFORMANCE OF THIS TASK ORDER IS EXTENDED BY THE GOVERNMENT).

TASK ORDER FUNDS REQUIRED	\$152,045
TASK ORDER FUNDS AVAILABLE	\$152,045
UNFUNDED BALANCE	\$0

BLOCK 18 (DD1155) CONTINUED: In the performance of this Task Order (T/O), the contractor shall provide the total Direct Productive Person Hours (DPPHs), plus or minus 10 percent, as stated for fixed-price labor categories stated in Section B of the contract listed in Block 1 of the DD Form 1155. These DPPHs shall be billed at the fixed price stated in Exhibit V of the contract. The contractor shall not exceed the DPPHs, nor the total dollars, stated for consultant below. The contractor is allowed to provide up to 10 percent less than the DPPHs stated for consultant and still expend the total dollars as stated in the T/O. Furthermore, under no circumstance shall the contractor exceed the dollars stated for Materials, Travel, or Total T/O.

LABOR CATEGORIES: Labor categories are as listed in the contract, Section B, paragraph entitled "GOVERNMENT LABOR CATEGORIES AND ASSOCIATED FIXED PRICES PER DPPH"

	DPPHs ORDERED	NTE AMOUNT
FIXED-PRICE LABOR TOTAL	1,372 DPPHs	\$ 127,205
*CONSULTANT TOTAL	0 DPPHs	\$ 0
T/O TOTAL LABOR	1,372 DPPHs	\$ 127,205
MATERIAL	NTE	\$ 500

TRAVEL	NTE	\$ 24,340
T/O TOTAL		\$ 152,045

**Consultant requirements must have prior written approval of the Administrative Contracting Officer (ACO) (via subcontract consent package) before any costs are incurred under the consultant CLIN.

SECTION C - DESCRIPTIONS AND SPECIFICATIONS

The following have been modified:

DELIVERABLES:

Item/Title	CDRL#	# Copies	Delivery Date
Task Order Management Plan	A001	1 *	Per CDRL
FMER	A003	1 *	Per CDRL
Interim Technical Report	A004	1	As Required
Monthly Performance Report	A004	1	8 th Day of Each Month
Final Technical Report	A005	2 */**	
Conference Minutes	A006	1	As Required
Data Accession List	A007	1	Per CDRL

ADDITIONAL DELIVERABLES REQUIRED FOR O&MA FUNDING:

ACRN AF	A005	1 *	24 FEB 03
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* Plus Electronic Version.

E TRAVEL

ESTIMATED TRAVEL: The contractor has no authority to incur travel costs without explicit prior written approval (email acceptable) of the Task Order Monitor. Under no circumstance shall the contractor incur travel costs in excess of the NTE amount stated herein. NTE: \$ 24,340

G SPECIAL INSTRUCTIONS

SPECIAL INSTRUCTIONS:

ACRN AF

ACRN AF. These funds are to be accounted for separately and shall not be mingled with any other ACRNs within this Task Order.

SECTION G - CONTRACT ADMINISTRATION DATA

Accounting and Appropriation

Summary for the Payment Office

As a result of this modification, the total funded amount for this document was increased by \$46,500.00 from \$105,545.00 to \$152,045.00.

Contract Level Funding:

AF: [REDACTED]
was increased by \$21,850.00 from \$0.00 to \$21,850.00
The contract ACRN AF has been added.

AG: [REDACTED]
was increased by \$4,750.00 from \$0.00 to \$4,750.00
The contract ACRN AG has been added.

AJ: [REDACTED]
was increased by \$1,900.00 from \$0.00 to \$1,900.00
The contract ACRN AJ has been added.

AH: [REDACTED]
was increased by \$18,000.00 from \$0.00 to \$18,000.00
The contract ACRN AH has been added.

(End of Summary of Changes)

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT				1. CONTRACT ID CODE Y	PAGE OF PAGES 1 2
2. AMENDMENT/MODIFICATION NO. 07		3. EFFECTIVE DATE [REDACTED]		4. REQUISITION/PURCHASE REQ. NO. [REDACTED]	
5. PROJECT NO. (if applicable)					
6. ISSUED BY [REDACTED]		CODE [REDACTED]		7. ADMINISTERED BY (If other than item 6) [REDACTED]	
CODE [REDACTED]		FACILITY CODE [REDACTED]			
8. NAME AND ADDRESS OF CONTRACTOR (No., Street, County, State and Zip Code) [REDACTED]				9A. AMENDMENT OF SOLICITATION NO.	
				9B. DATED (SEE ITEM 11)	
				X 10A. MOD. OF CONTRACT/ORDER NO. [REDACTED]	
				X 10B. DATED (SEE ITEM 13) [REDACTED]	
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS					
<input type="checkbox"/> The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offer <div style="float: right;"> <input type="checkbox"/> is extended, <input type="checkbox"/> is not extended. </div> <p>Offer must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended by one of the following methods: (a) By completing items 8 and 15, and returning copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.</p>					
12. ACCOUNTING AND APPROPRIATION DATA (If required)					
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.					
A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.					
B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(B).					
C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:					
X D. OTHER (Specify type of modification and authority) Unilateral; Section H, Task Order Procedure					
E. IMPORTANT: Contractor <input checked="" type="checkbox"/> is not, <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office.					
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) "See Continuation Page"					
Due to a Standard Procurement System defect, the date in Block 10B of the SF30 may be inaccurate. That date should be [REDACTED]					
Contracting POC: [REDACTED] Contractor POC: [REDACTED]					
Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.					
15A. NAME AND TITLE OF SIGNER (Type or print)			15A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)		
[REDACTED]			[REDACTED]		
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA		16C. DATE SIGNED	
(Signature of person authorized to sign)		BY [REDACTED]		[REDACTED]	
		(Signature of Contracting Officer)			

EXCEPTION TO SF 30
APPROVED BY OIRM 11-84

30-105-04

STANDARD FORM 30 (Rev. 10-83)
Prescribed by GSA
FAR (48 CFR) 53.243

03/05/03098
000100020002

SECTION SF 30 BLOCK 14 CONTINUATION PAGE

SUMMARY OF CHANGES

SECTION B - SUPPLIES OR SERVICES AND PRICES

The following have been modified:

BLOCK 17/BLOCK 18 CONTINUED

ACRN AF: EXPIRATION OF FUNDS - [REDACTED] (HOWEVER, ACRN AF FUNDING MUST BE EXPENDED BY [REDACTED] UNLESS THE PERIOD OF PERFORMANCE OF THIS TASK ORDER IS EXTENDED BY THE GOVERNMENT).

TASK ORDER FUNDS REQUIRED	\$152,045
TASK ORDER FUNDS AVAILABLE	\$152,045
UNFUNDED BALANCE	\$0

SECTION C - DESCRIPTIONS AND SPECIFICATIONS

The following have been modified:

D DELIVERABLES

DELIVERABLES:

Item/Title	CDRL#	# Copies	Delivery Date
Task Order Management Plan	A001	1 *	Per CDRL
FMER	A003	1 *	Per CDRL
Interim Technical Report	A004	1	As Required
Monthly Performance Report	A004	1	8 th Day of Each Month
Final Technical Report	A005	2 */**	[REDACTED]
Conference Minutes	A006	1	As Required
Data Accession List	A007	1	Per CDRL

ADDITIONAL DELIVERABLES REQUIRED FOR O&MA FUNDING:

ACRN AF	A005	1 *	[REDACTED]
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* Plus Electronic Version.

(End of Summary of Changes)

03/05/03098
000100020003

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT				1. CONTRACT ID CODE Y		PAGE OF PAGES 1 2	
2. AMENDMENT/MODIFICATION NO. 08		3. EFFECTIVE DATE [REDACTED]		4. REQUISITION/PURCHASE REQ. NO. [REDACTED]		5. PROJECT NO.(If applicable)	
6. ISSUED BY [REDACTED] CODE [REDACTED]		7. ADMINISTERED BY (If other than item 6) [REDACTED] CODE [REDACTED]					
8. NAME AND ADDRESS OF CONTRACTOR (No., Street, County, State and Zip Code) [REDACTED]				9A. AMENDMENT OF SOLICITATION NO.			
				9B. DATED (SEE ITEM 11)			
				X 10A. MOD. OF CONTRACT/ORDER NO. [REDACTED]			
				X 10B. DATED (SEE ITEM 13) [REDACTED]			
CODE 1VDA4		FACILITY CODE					
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS							
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offer <input type="checkbox"/> is extended, <input type="checkbox"/> is not extended. Offer must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.							
12. ACCOUNTING AND APPROPRIATION DATA (If required)							
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.							
A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.							
B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(B).							
C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:							
X D. OTHER (Specify type of modification and authority) Unilateral, Section H, Task Order Procedure							
E. IMPORTANT: Contractor <input checked="" type="checkbox"/> is not, <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office.							
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) "See Continuation Page" Due to a Standard Procurement System defect, the date in Block 10B of the SF30 may be inaccurate. That date should be [REDACTED] Contracting POC: [REDACTED] Contractor POC: [REDACTED]							
Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.							
15A. NAME AND TITLE OF SIGNER (Type or print)				16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)			
[REDACTED]				[REDACTED]			
15B. CONTRACTOR/OFFEROR (Signature of person authorized to sign)		15C. DATE SIGNED		16B. UNITED STATES OF AMERICA BY [REDACTED] (Signature of Contracting Officer)		16C. DATE SIGNED [REDACTED]	

EXCEPTION TO SF 30
APPROVED BY OIRM 11-84

30-105-04

STANDARD FORM 30 (Rev. 10-83)
Prescribed by GSA
FAR (48 CFR) 53.243

SECTION SF 30 BLOCK 14 CONTINUATION PAGE

SUMMARY OF CHANGES

SECTION B - SUPPLIES OR SERVICES AND PRICES

CLIN 0001

The estimated/max cost has increased by \$10,436.00 from \$127,205.00 to \$137,641.00.
The total cost of this line item has increased by \$10,436.00 from \$127,205.00 to \$137,641.00.

CLIN 0005

The estimated/max cost has decreased by \$10,436.00 from \$24,340.00 to \$13,904.00.
The total cost of this line item has decreased by \$10,436.00 from \$24,340.00 to \$13,904.00.

The following have been modified:

BLOCK 18 (DD1155) CONTINUED: In the performance of this Task Order (T/O), the contractor shall provide the total Direct Productive Person Hours (DPPHs), plus or minus 10 percent, as stated for fixed-price labor categories stated in Section B of the contract listed in Block 1 of the DD Form 1155. These DPPHs shall be billed at the fixed price stated in Exhibit V of the contract. The contractor shall not exceed the DPPHs, nor the total dollars, stated for consultant below. The contractor is allowed to provide up to 10 percent less than the DPPHs stated for consultant and still expend the total dollars as stated in the T/O. Furthermore, under no circumstance shall the contractor exceed the dollars stated for Materials, Travel, or Total T/O.

LABOR CATEGORIES: Labor categories are as listed in the contract, Section B, paragraph entitled "GOVERNMENT LABOR CATEGORIES AND ASSOCIATED FIXED PRICES PER DPPH"

	DPPHs ORDERED	NTE AMOUNT
FIXED-PRICE LABOR TOTAL	1,755 DPPHs	\$ 137,641
*CONSULTANT TOTAL	0 DPPHs	\$ 0
T/O TOTAL LABOR	1,755 DPPHs	\$ 137,641
MATERIAL	NTE	\$ 500
TRAVEL	NTE	\$ 13,904
T/O TOTAL		\$ 152,045

**Consultant requirements must have prior written approval of the Administrative Contracting Officer (ACO) (via subcontract consent package) before any costs are incurred under the consultant CLIN.

(End of Summary of Changes)

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT				1. CONTRACT ID CODE Y		PAGE OF PAGES 1 4	
2. AMENDMENT/MODIFICATION NO. 09		3. EFFECTIVE DATE [REDACTED]		4. REQUISITION/PURCHASE REQ. NO. [REDACTED]		5. PROJECT NO.(If applicable)	
6. ISSUED BY [REDACTED] CODE [REDACTED]		7. ADMINISTERED BY (If other than item 6) [REDACTED] CODE [REDACTED]					
8. NAME AND ADDRESS OF CONTRACTOR (No., Street, County, State and Zip Code) [REDACTED]				9A. AMENDMENT OF SOLICITATION NO.			
				9B. DATED (SEE ITEM 11)			
				X 10A. MOD. OF CONTRACT/ORDER NO. [REDACTED]			
				X 10B. DATED (SEE ITEM 13) [REDACTED]			
CODE [REDACTED]		FACILITY CODE					
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS							
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offer <input type="checkbox"/> is extended, <input type="checkbox"/> is not extended. Offer must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.							
12. ACCOUNTING AND APPROPRIATION DATA (If required) See Schedule							
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.							
A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.							
B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(B).							
C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:							
X D. OTHER (Specify type of modification and authority) Unilateral; Section I, Limitation of Funds and Sec H, Task Order Procedure							
E. IMPORTANT: Contractor <input checked="" type="checkbox"/> is not, <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office.							
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) "See Continuation Page" Due to a Standard Procurement System defect, the date in Block 10B of the SF30 may be inaccurate. [REDACTED] Contracting POC: [REDACTED] Contractor POC: [REDACTED]							
Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.							
15A. NAME AND TITLE OF SIGNER (Type or print)				16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) [REDACTED]			
15B. CONTRACTOR/OFFEROR (Signature of person authorized to sign)		15C. DATE SIGNED		16B. UNITED STATES OF AMERICA BY [REDACTED] (Signature of Contracting Officer)		16C. DATE SIGNED [REDACTED]	

EXCEPTION TO SF 30
APPROVED BY OIRM 11-84

30-105-04

STANDARD FORM 30 (Rev. 10-83)
Prescribed by GSA
FAR (48 CFR) 53.243

SECTION SF 30 BLOCK 14 CONTINUATION PAGE

SUMMARY OF CHANGES

SECTION A - SOLICITATION/CONTRACT FORM

The total cost of this contract was increased by \$49,524.00 from \$152,045.00 to \$201,569.00.

SECTION B - SUPPLIES OR SERVICES AND PRICES

CLIN 0001

The estimated/max cost has increased by \$47,524.00 from \$137,641.00 to \$185,165.00.

The total cost of this line item has increased by \$47,524.00 from \$137,641.00 to \$185,165.00.

CLIN 0005

The estimated/max cost has increased by \$2,000.00 from \$13,904.00 to \$15,904.00.

The total cost of this line item has increased by \$2,000.00 from \$13,904.00 to \$15,904.00.

The following have been modified:

BLOCK 17/BLOCK 18 CONTINUED

ACRN AF: EXPIRATION OF FUNDS - (HOWEVER, ACRN AF FUNDING MUST BE EXPENDED BY UNLESS THE PERIOD OF PERFORMANCE OF THIS TASK ORDER IS EXTENDED BY THE GOVERNMENT).

TASK ORDER FUNDS REQUIRED	\$201,569
TASK ORDER FUNDS AVAILABLE	\$201,569
UNFUNDED BALANCE	\$0

BLOCK 18 (DD1155) CONTINUED: In the performance of this Task Order (T/O), the contractor shall provide the total Direct Productive Person Hours (DPPHs), plus or minus 10 percent, as stated for fixed-price labor categories stated in Section B of the contract listed in Block 1 of the DD Form 1155. These DPPHs shall be billed at the fixed price stated in Exhibit V of the contract. The contractor shall not exceed the DPPHs, nor the total dollars, stated for consultant below. The contractor is allowed to provide up to 10 percent less than the DPPHs stated for consultant and still expend the total dollars as stated in the T/O. Furthermore, under no circumstance shall the contractor exceed the dollars stated for Materials, Travel, or Total T/O.

LABOR CATEGORIES: Labor categories are as listed in the contract, Section B, paragraph entitled "GOVERNMENT LABOR CATEGORIES AND ASSOCIATED FIXED PRICES PER DPPH"

	DPPHs ORDERED	NTE AMOUNT
FIXED-PRICE LABOR TOTAL	2,360 DPPHs	\$ 185,165
*CONSULTANT TOTAL	0 DPPHs	\$ 0
T/O TOTAL LABOR	2,360 DPPHs	\$ 185,165
MATERIAL	NTE	\$ 500
TRAVEL	NTE	\$ 15,904
T/O TOTAL		\$ 201,569

**Consultant requirements must have prior written approval of the Administrative Contracting Officer (ACO) (via subcontract consent package) before any costs are incurred under the consultant CLIN.

SECTION C - DESCRIPTIONS AND SPECIFICATIONS

The following have been modified:

PERIOD OF PERFORMANCE: [REDACTED]

DELIVERABLES:

Item/Title	CDRL#	# Copies	Delivery Date
Task Order Management Plan	A001	1 *	Per CDRL
FMER	A003	1 *	Per CDRL
Interim Technical Report	A004	1	As Required
Monthly Performance Report	A004	1	8 th Day of Each Month
Final Technical Report	A005	2 */**	31 Dec 2003
Conference Minutes	A006	1	As Required
Data Accession List	A007	1	Per CDRL

ADDITIONAL DELIVERABLES REQUIRED FOR O&MA FUNDING:

ACRN AF	A005	1 *	31 Dec 03
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* Plus Electronic Version.

** One (1) hardcopy to the T/OM, and one (1) hardcopy to the SMDC Command Library (SMDC-IM-PL).

ESTIMATED TRAVEL: The contractor has no authority to incur travel costs without explicit prior written approval (email acceptable) of the Task Order Monitor. Under no circumstance shall the contractor incur travel costs in excess of the NTE amount stated herein. NTE: \$ 15,904

SECTION G - CONTRACT ADMINISTRATION DATA

Accounting and Appropriation

Summary for the Payment Office

As a result of this modification, the total funded amount for this document was increased by \$49,524.00 from \$152,045.00 to \$201,569.00.

Contract Level Funding:

AK: [REDACTED]
 was increased by \$49,524.00 from \$0.00 to \$49,524.00
 The contract ACRN AK has been added.

(End of Summary of Changes)

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT				1. CONTRACT ID CODE Y		PAGE OF PAGES 1 2	
2. AMENDMENT/MODIFICATION NO. 10		3. EFFECTIVE DATE [REDACTED]		4. REQUISITION/PURCHASE REQ. NO. [REDACTED]		5. PROJECT NO.(If applicable)	
6. ISSUED BY [REDACTED] CODE [REDACTED]		7. ADMINISTERED BY (If other than item 6) [REDACTED] CODE [REDACTED]					
8. NAME AND ADDRESS OF CONTRACTOR (No., Street, County, State and Zip Code) DYNETICS, CAS & DAVIDSON, LLC 990 EXPLORER BLVD HUNTSVILLE AL 35806				9A. AMENDMENT OF SOLICITATION NO.			
				9B. DATED (SEE ITEM 11)			
				X 10A. MOD. OF CONTRACT/ORDER NO. [REDACTED]			
				X 10B. DATED (SEE ITEM 13) [REDACTED]			
CODE [REDACTED]		FACILITY CODE [REDACTED]					
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS							
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offer <input type="checkbox"/> is extended, <input type="checkbox"/> is not extended.							
<p>Offer must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended by one of the following methods:</p> <p>(a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.</p>							
12. ACCOUNTING AND APPROPRIATION DATA (If required) See Schedule							
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.							
A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.							
X B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(B).							
C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:							
D. OTHER (Specify type of modification and authority)							
E. IMPORTANT: Contractor <input checked="" type="checkbox"/> is not, <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office.							
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) "See Continuation Page"							
<p>Due to a Standard Procurement System defect, the date in Block 10B of the SF30 may be inaccurate. [REDACTED]</p> <p>The Purpose of this modification is to correct the long line accounting classification in ACRN AK. ACRN AK is decreased to \$0.00 and ACRN AL is added as the corrected long line accounting classification for \$49,524.00.</p> <p>Contracting POC: [REDACTED] Contractor POC: [REDACTED]</p>							
Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.							
15A. NAME AND TITLE OF SIGNER (Type or print)				16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)			
[REDACTED]				[REDACTED]			
15B. CONTRACTOR/OFFEROR		15C. DATE SIGNED		16B. UNITED STATES OF AMERICA		16C. DATE SIGNED	
(Signature of person authorized to sign)		[REDACTED]		BY [REDACTED]		[REDACTED]	
				(Signature of Contracting Officer)			

EXCEPTION TO SF 30
APPROVED BY OIRM 11-84

30-105-04

STANDARD FORM 30 (Rev. 10-83)
Prescribed by GSA
FAR (48 CFR) 53.243

SECTION SF 30 BLOCK 14 CONTINUATION PAGE

SUMMARY OF CHANGES

SECTION G - CONTRACT ADMINISTRATION DATA

Contract Level Funding:

AK: [REDACTED]
was decreased by \$49,524.00 from \$49,524.00 to \$0.00

AL: [REDACTED]
was increased by \$49,524.00 from \$0.00 to \$49,524.00
The contract ACRN AL has been added.

(End of Summary of Changes)

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT				1. CONTRACT ID CODE Y	PAGE OF PAGES 1 4	
2. AMENDMENT/MODIFICATION NO. 11		3. EFFECTIVE DATE [REDACTED]		4. REQUISITION/PURCHASE REQ. NO. [REDACTED]		5. PROJECT NO. (If applicable)
6. ISSUED BY [REDACTED] [REDACTED] [REDACTED]		CODE [REDACTED]		7. ADMINISTERED BY (If other than item 6) [REDACTED] [REDACTED] [REDACTED]		CODE [REDACTED]
8. NAME AND ADDRESS OF CONTRACTOR (No., Street, County, State and Zip Code) [REDACTED] [REDACTED] [REDACTED]				9A. AMENDMENT OF SOLICITATION NO.		
				9B. DATED (SEE ITEM 11)		
				X 10A. MOD. OF CONTRACT/ORDER NO. [REDACTED]		
				X 10B. DATED (SEE ITEM 13) [REDACTED]		
CODE [REDACTED]		FACILITY CODE				
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS						
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offer <input type="checkbox"/> is extended, <input type="checkbox"/> is not extended. Offer must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.						
12. ACCOUNTING AND APPROPRIATION DATA (If required) See Schedule						
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.						
A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.						
B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(B).						
C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:						
X D. OTHER (Specify type of modification and authority) Unilateral - Section H: Task Order Procedure and Section I: Limitation of Funds						
E. IMPORTANT: Contractor <input checked="" type="checkbox"/> is not, <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office.						
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) See Continuation Page: Contractor POC: [REDACTED] [REDACTED] [REDACTED] Contracts POC: [REDACTED] [REDACTED] [REDACTED] Due to a Standard Procurement System defect, the date in block 10b of the SF30 may be inaccurate. [REDACTED]						
Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.						
15A. NAME AND TITLE OF SIGNER (Type or print)				16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) [REDACTED] [REDACTED]		
15B. CONTRACTOR/OFFEROR (Signature of person authorized to sign)		15C. DATE SIGNED		16B. UNITED STATES OF AMERICA BY [REDACTED] (Signature of Contracting Officer)		16C. DATE SIGNED [REDACTED]

EXCEPTION TO SF 30
APPROVED BY OIRM 11-84

30-105-04

STANDARD FORM 30 (Rev. 10-83)
Prescribed by GSA
FAR (48 CFR) 53.243

SECTION SF 30 BLOCK 14 CONTINUATION PAGE

SUMMARY OF CHANGES

SECTION A - SOLICITATION/CONTRACT FORM

The total cost of this contract was increased by \$35,500.00 from \$201,569.00 to \$237,069.00.

The 'administered by' organization has changed from

[REDACTED]

to

[REDACTED]

SECTION B - SUPPLIES OR SERVICES AND PRICES

CLIN 0001

The estimated/max cost has increased by \$34,500.00 from \$185,165.00 to \$219,665.00.

The total cost of this line item has increased by \$34,500.00 from \$185,165.00 to \$219,665.00.

CLIN 0005

The estimated/max cost has increased by \$1,000.00 from \$15,904.00 to \$16,904.00.

The total cost of this line item has increased by \$1,000.00 from \$15,904.00 to \$16,904.00.

The following have been modified:

BLOCK 17/BLOCK 18 CONTINUED

ACRN AF: EXPIRATION OF FUNDS [REDACTED] (ACRN AF FUNDING MUST BE EXPENDED BY [REDACTED]).

TASK ORDER FUNDS REQUIRED	\$ 237,069
TASK ORDER FUNDS AVAILABLE	\$ 237,069
UNFUNDED BALANCE	\$ -0-

BLOCK 18 (DD1155) CONTINUED:

	DPPHs ORDERED	NTE AMOUNT
FIXED-PRICE LABOR TOTAL	2,799 DPPHs	\$ 219,665
*CONSULTANT TOTAL	0 DPPHs	\$ 0
T/O TOTAL LABOR	2,799 DPPHs	\$ 219,665
MATERIAL	NTE	\$ 500
TRAVEL	NTE	\$ 16,904
T/O TOTAL		\$ 237,069

**Consultant requirements must have prior written approval of the Administrative Contracting Officer (ACO) (via subcontract consent package) before any costs are incurred under the consultant CLIN.

SECTION C - DESCRIPTIONS AND SPECIFICATIONS

The following have been modified:

SPECIAL INSTRUCTIONS:

ACRN AM is [REDACTED] the [REDACTED] and represents their fair share of this effort. ACRN AM funding is to be utilized only in support of [REDACTED]. These funds should be accounted for separately and shall not be mingled with any other ACRN within this Task Order.

PERIOD OF PERFORMANCE:

DELIVERABLES:

Item/Title	CDRL#	# Copies	Delivery Date
Final Technical Report	A005	2 */**	[REDACTED]

ADDITIONAL DELIVERABLES REQUIRED FOR O&MA FUNDING:

ACRN AF	A005	1 *	[REDACTED]
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* Plus Electronic Version.

ESTIMATED TRAVEL: The contractor has no authority to incur travel costs without explicit prior written approval (email acceptable) of the Task Order Monitor. Under no circumstance shall the contractor incur travel costs in excess of the NTE amount stated herein. NTE: \$ 16,904

SECTION G - CONTRACT ADMINISTRATION DATA

Accounting and Appropriation

Summary for the Payment Office

As a result of this modification, the total funded amount for this document was increased by \$35,500.00 from \$201,569.00 to \$237,069.00.

Contract Level Funding:

AM:

[REDACTED]
was increased by \$35,500.00 from \$0.00 to \$35,500.00. The contract ACRN AM has been added.

(End of Summary of Changes)

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT				1. CONTRACT ID CODE Y		PAGE OF PAGES 1 3	
2. AMENDMENT/MODIFICATION NO. 12		3. EFFECTIVE DATE [REDACTED]		4. REQUISITION/PURCHASE REQ. NO. [REDACTED]		5. PROJECT NO.(If applicable)	
6. ISSUED BY [REDACTED] CODE [REDACTED]		7. ADMINISTERED BY (If other than item 6) [REDACTED] CODE [REDACTED]					
8. NAME AND ADDRESS OF CONTRACTOR (No., Street, County, State and Zip Code) [REDACTED]				9A. AMENDMENT OF SOLICITATION NO.			
				9B. DATED (SEE ITEM 11)			
				X 10A. MOD. OF CONTRACT/ORDER NO. [REDACTED]			
				X 10B. DATED (SEE ITEM 13) [REDACTED]			
CODE [REDACTED]		FACILITY CODE					
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS							
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offer <input type="checkbox"/> is extended, <input type="checkbox"/> is not extended. Offer must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.							
12. ACCOUNTING AND APPROPRIATION DATA (If required) See Schedule							
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.							
A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.							
B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(B).							
C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:							
X D. OTHER (Specify type of modification and authority) Unilateral: Sec I, Limitation of Funds and Sec H, Task Order Procedure							
E. IMPORTANT: Contractor <input checked="" type="checkbox"/> is not, <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office.							
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) See Continuation Page Contractor POC: [REDACTED] Contracts POC: [REDACTED] Due to a Standard Procurement System defect, the date in block 10b of the SF30 may be inaccurate. [REDACTED]							
Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.							
15A. NAME AND TITLE OF SIGNER (Type or print)				16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) [REDACTED]			
15B. CONTRACTOR/OFFEROR (Signature of person authorized to sign)		15C. DATE SIGNED		16B. UNITED STATES OF AMERICA BY [REDACTED] (Signature of Contracting Officer)		16C. DATE SIGNED [REDACTED]	

EXCEPTION TO SF 30
APPROVED BY OIRM 11-84

30-105-04

STANDARD FORM 30 (Rev. 10-83)
Prescribed by GSA
FAR (48 CFR) 53.243

SECTION SF 30 BLOCK 14 CONTINUATION PAGE

SUMMARY OF CHANGES

SECTION A - SOLICITATION/CONTRACT FORM

The total cost of this contract was increased by \$275,000.00 from \$237,069.00 to \$512,069.00.

SECTION B - SUPPLIES OR SERVICES AND PRICES

CLIN 0001

The estimated/max cost has increased by \$250,000.00 from \$219,665.00 to \$469,665.00.

The total cost of this line item has increased by \$250,000.00 from \$219,665.00 to \$469,665.00.

CLIN 0005

The estimated/max cost has increased by \$25,000.00 from \$16,904.00 to \$41,904.00.

The total cost of this line item has increased by \$25,000.00 from \$16,904.00 to \$41,904.00.

The following have been modified:

BLOCK 17/BLOCK 18 CONTINUED

TASK ORDER FUNDS REQUIRED	\$ 512,069
TASK ORDER FUNDS AVAILABLE	\$ 512,069
UNFUNDED BALANCE	\$ -0-

BLOCK 18 (DD1155) CONTINUED: In the performance of this Task Order (T/O), the contractor shall provide the total Direct Productive Person Hours (DPPHs), plus or minus 10 percent, as stated for fixed-price labor categories stated in Section B of the contract listed in Block 1 of the DD Form 1155. These DPPHs shall be billed at the fixed price stated in Exhibit V of the contract. The contractor shall not exceed the DPPHs, nor the total dollars, stated for consultant below. The contractor is allowed to provide up to 10 percent less than the DPPHs stated for consultant and still expend the total dollars as stated in the T/O. Furthermore, under no circumstance shall the contractor exceed the dollars stated for Materials, Travel, or Total T/O.

LABOR CATEGORIES: Labor categories are as listed in the contract, Section B, paragraph entitled "GOVERNMENT LABOR CATEGORIES AND ASSOCIATED FIXED PRICES PER DPPH"

	DPPHs ORDERED	NTE AMOUNT
FIXED-PRICE LABOR TOTAL	5,985 DPPHs	\$ 469,665
*CONSULTANT TOTAL	0 DPPHs	\$ 0
T/O TOTAL LABOR	5,985 DPPHs	\$ 469,665
MATERIAL	NTE	\$ 500
TRAVEL	NTE	\$ 41,904
T/O TOTAL		\$ 512,069

**Consultant requirements must have prior written approval of the Administrative Contracting Officer (ACO) (via subcontract consent package) before any costs are incurred under the consultant CLIN.

SECTION C - DESCRIPTIONS AND SPECIFICATIONS

The following have been modified:

PERIOD OF PERFORMANCE: [REDACTED]

DELIVERABLES:

Item/Title	CDRL#	# Copies	Delivery Date
Final Technical Report	A005	2 */**	[REDACTED]

ESTIMATED TRAVEL: The contractor has no authority to incur travel costs without explicit prior written approval (email acceptable) of the Task Order Monitor. Under no circumstance shall the contractor incur travel costs in excess of the NTE amount stated herein. NTE: \$ 41,904

SPECIAL INSTRUCTIONS:

ACRN AN is APA Funding in support of the CCWS Project Office and represents their fair share of this effort. ARCN AN funding is to be utilized only in support of CCWS Project Office. These funds should be accounted for separately and shall not be mingled with any other ACRN within this Task Order.

The effort described in the Task Order Statement of Work, which is anticipated to be performed in FY02 – FY04, is subject to the Clause at FAR 52.232-18, Availability of Funds.

SECTION G - CONTRACT ADMINISTRATION DATA

Accounting and Appropriation

Summary for the Payment Office

As a result of this modification, the total funded amount for this document was increased by \$275,000.00 from \$237,069.00 to \$512,069.00.

Contract Level Funding:

AN: [REDACTED]
 was increased by \$275,000.00 from \$0.00 to \$275,000.00
 The contract ACRN AN has been added.

(End of Summary of Changes)

SCRT ULO Summary Report

PIIN: [REDACTED]

SPIIN: [REDACTED]

Report Date: [REDACTED]

Transaction Type	Source System	Obligations	Expenditures	ULO
ACRN: AA				
Materiel and Services				
	E:MOCAS-S	0.00	0.00	0.00

ACRN: AB				
Materiel and Services				
	[REDACTED]	38,587.00	35,251.21	3,335.79
	E:MOCAS-S	38,587.00	35,251.21	3,335.79
	Difference (A-E)	0.00	0.00	0.00

ACRN: AC				
Materiel and Services				
	[REDACTED]	6,037.00	6,006.17	30.83
	E:MOCAS-S	6,037.00	6,006.17	30.83
	Difference (A-E)	0.00	0.00	0.00

ACRN: AD				
Materiel and Services				
	[REDACTED]	34,101.00	33,796.10	304.90
	E:MOCAS-S	34,101.00	33,796.10	304.90
	Difference (A-E)	0.00	0.00	0.00

ACRN: AE				
Materiel and Services				
	[REDACTED]	26,820.00	26,469.35	350.65
	E:MOCAS-S	26,820.00	26,469.35	350.65
	Difference (A-E)	0.00	0.00	0.00

ACRN: AF				
Materiel and Services				
	[REDACTED]	21,850.00	20,808.10	1,041.90
	E:MOCAS-S	21,850.00	20,808.10	1,041.90
	Difference (A-E)	0.00	0.00	0.00

ACRN: AG				
Materiel and Services				
	[REDACTED]	4,750.00	4,060.59	689.41
	E:MOCAS-S	4,750.00	4,064.14	685.86
	Difference (A-E)	0.00	(3.55)	3.55

SCRT ULO Summary Report

PIIN: [REDACTED]

SPIIN: [REDACTED]

Report Date: [REDACTED]

Transaction Type	Source System	Obligations	Expenditures	ULO
ACRN: AH				
Material and Services				
	E:MOCAS-S	18,000.00	12,963.03	5,036.97

ACRN: AJ				
Material and Services				
	[REDACTED]	1,900.00	1,837.35	62.65
	E:MOCAS-S	1,900.00	1,898.86	1.14
	Difference (A-E)	0.00	(61.51)	61.51

ACRN: AL				
Material and Services				
	[REDACTED]	49,524.00	13,547.80	35,976.20
	E:MOCAS-S	49,524.00	15,963.23	33,560.77
	Difference (A-E)	0.00	(2,415.43)	2,415.43

ACRN: AM				
Material and Services				
	[REDACTED]	35,500.00	0.00	35,500.00
	E:MOCAS-S	35,500.00	0.00	35,500.00
	Difference (A-E)	0.00	0.00	0.00

Defense Finance & Accounting Service

Payment Summary Report

Date Run: [REDACTED] EDI Ind: N

Contract No.: [REDACTED] Contractor Name: [REDACTED]

Shipment No.: BVN0001 Invoice Type: Bureau Voucher

Invoice Amt.: \$10,519.70 Payment Date: [REDACTED]

Net Pmt Amt.: \$10,519.70 Force Thru: N

Deduct Amt.: \$0.00 User: [REDACTED]

Force Thru
Comments:

Payment
Comments:

ACRN	Svc	Cnty	CLIN	FC	TC	TP	CC	Disbursement	Comments	Batch Date	Batch Cd
AB	1	US		[REDACTED]	M	2	N	\$7,351.65		[REDACTED]	[REDACTED]
AC	1	US		[REDACTED]	M	2	N	\$3,168.05		[REDACTED]	[REDACTED]

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

VOUCHER NO.

000001

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION

DATE VOUCHER PREPARED

SCHEDULE NO.

CONTRACT NUMBER AND DATE

PAID BY

REQUISITION NUMBER AND DATE

PAYEE'S
NAME
AND
ADDRESS

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE'S ACCOUNT NUMBER

SHIPPED FROM

TO

WEIGHT

GOVERNMENT B/L NUMBER

NUMBER
AND DATE
OF ORDER

DATE OF
DELIVERY
OR
SERVICE

ARTICLES OR SERVICES
(Enter description, item number of contract or Federal supply
schedule, and other information deemed necessary)

QUAN-
TITY

UNIT PRICE
COST PER

AMOUNT

(¹)

TO

BMD CONTRACT
CLIN 0001-ACRN AB
CLIN 0001-ACRN AE
CLIN 0004-ACRN AB
CLIN 0004-ACRN AE

53.0 DRPH
20.0 DPPH

\$5,687.80
\$1,557.40
\$1,663.72
\$1,610.78

(Use continuation sheets if necessary)

(Payee must NOT use the space below)

TOTAL

\$10,519.70

PAYMENT:

- ☐ PROVISIONAL
☐ COMPLETE
☐ PARTIAL
☐ FINAL
☐ PROGRESS
☐ ADVANCE

APPROVED FOR

BY²

TITLE

PROVISIONAL
SUBJECT TO LATER AUDIT

EXCHANGE RATE

= \$1.00

DIFFERENCES

verified; correct for
(Signature or initials)

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

(Date)

(Authorized Certifying Officer)³

(Title)

ACCOUNTING CLASSIFICATION

CHECK NUMBER

ON ACCOUNT OF U.S. TREASURY

CHECK NUMBER

ON (Name of bank)

CASH

DATE

PAYEE³

¹ When stated in foreign currency, insert name of currency.

² If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.

³ When a voucher is received in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary" or "Treasurer", as the case may be.

Previous edition usable

NSN 7650-00-634-4206

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

03/05/92204
002600 310001

BILLING # 000001

DESCRIP: BMD CONTRACT BILLING
ACRN AB

BILLING DATE: [REDACTED] PAGE: 01

TO: [REDACTED] FROM: [REDACTED]

PRIME CONTRACT #: [REDACTED]
OTHER CONTRACT #: [REDACTED]
ACCOUNT NUMBER: [REDACTED]

TOTAL CONTRACT: 105,545.00
CONTRACT NAME: [REDACTED]

BILLING PD ENDED: [REDACTED]	CURRENT RATE	CURRENT HOURS	CURRENT BILLABLE
ANALYST VI-DC-OFF	83.20	34.00	2,828.80
ANALYST VIII-DC-OFF	116.32	20.00	2,326.40
SR.MGM/TEC II-DC-OFF	131.36	15.00	1,970.40
CLERKII-DC-OFF	29.90	4.00	119.60
TOTAL LABOR		73.00	7,245.20
SUBCONTRACT-TRAVEL			3,148.56
SUBTOTAL ODCS			3,148.56
SUBCONTRACT HANDLING 4.00%			125.94
TOTAL NON-LABOR BILLABLE			3,274.50
TOTAL BILLING			10,519.70

03/05/02204
002600310002

Defense Finance & Accounting Service

Payment Summary Report

Date Run: [REDACTED] EDI Ind: N

Contract No.: [REDACTED] Contractor Name: [REDACTED]

Shipment No.: BVN0002 Invoice Type: Bureau Voucher

Invoice Amt.: \$3,179.48 Payment Date: [REDACTED]

Net Pmt Amt.: \$3,179.48 Force Thru: N

Deduct Amt.: \$0.00 User: [REDACTED]

Force Thru

Comments:

Payment

Comments:

ACRN	Svc	Cnty	CLIN	FC	TC	TP	CC	Disbursement	Comments	Batch Date	Batch Cd
AB	1	US	0001	[REDACTED]	M	2	N	\$3,179.48		[REDACTED]	[REDACTED]

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

VOUCHER NO.

000002

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION

DATE VOUCHER PREPARED

SCHEDULE NO.

CONTRACT NUMBER AND DATE

PAID BY

REQUISITION NUMBER AND DATE

PAYEE'S
NAME
AND
ADDRESS

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE'S ACCOUNT NUMBER

GOVERNMENT B/L NUMBER

SHIPPED FROM

TO

WEIGHT

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract of Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT
				COST	PER	
	FROM: TO:	BMD CONTRACT CLIN 0001-ACRN AA 52.0 DPPHS				

(Use continuation sheet(s) if necessary)

(Payee must NOT use the space below)

TOTAL

3,179.48

PAYMENT:

- ☐ PROVISIONAL
☐ COMPLETE
☐ PARTIAL
☐ FINAL
☐ PROGRESS
☐ ADVANCE

APPROVED FOR

EXCHANGE RATE

DIFFERENCES

PROVISIONAL PAYMENT

= \$1.00

BY

TITLE

(Signature verified; correct for
(Signature or initials))

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

(Date)

(Authorized Certifying Officer):

(Title)

ACCOUNTING CLASSIFICATION

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	CASH	DATE	PAYEE	

*When stated in foreign currency, insert name of currency.

*If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.

*When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

PER

Previous edition usable

U.S. GOVERNMENT PRINTING OFFICE: 1986-0-491 248/20630

NSN 7540-00-834-4706

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

03/05/02206
002000 150001

BILLING # 000002

PAGE: 01
BILLING DATE: [REDACTED]

DESCRIP: BMD CONTRACT BILLING

TO: [REDACTED]

FROM: [REDACTED]

PRIME CONTRACT #: [REDACTED]

TOTAL CONTRACT: 105,545.00

OTHER CONTRACT #: [REDACTED]

CONTRACT NAME: [REDACTED]

ACCOUNT NUMBER: [REDACTED]

BILL PD END: [REDACTED]	CURRENT RATE	CURRENT HOURS	CURRENT BILLABLE	CUMULATIVE HOURS	CUMULATIVE BILLABLE
ANALYST I-DC-OFF SIT	55.57	32.0	1778.24	32.0	1778.24
ANALYST VI-DC-OFF	83.20	8.0	665.60	42.0	3494.40
ANALYST VIII-DC-OFF	116.32	0.0	0.00	20.0	2326.40
SR.MGM/TEC II-DC-OFF	131.36	2.0	262.72	17.0	2233.12
CLERKII-DC-OFF	29.90	2.0	59.80	6.0	179.40
SECRETARY IV-DC-OFF	51.64	8.0	413.12	8.0	413.12
TOTAL LABOR		52.0	3179.48	125.0	10424.68
SUBCONTRACT-TRAVEL			0.00		3148.56
SUBTOTAL ODCS			0.00		3148.56
SUBCONTRACT HANDLI 4.00%			0.00		125.94
TOTAL NON-LABOR BILLABLE			0.00		3274.50
TOTAL BILLING			3179.48		13699.18

03/05/02206
002000 150002

Defense Finance & Accounting Service
Payment Summary Report

Date Run: [REDACTED] EDI Ind: N

Contract No.: [REDACTED] Contractor Name: [REDACTED]

Shipment No.: BVN0003 Invoice Type: Bureau Voucher

Invoice Amt.: \$2,001.20 Payment Date: [REDACTED]

Net Pmt Amt.: \$2,001.20 Force Thru: N

Deduct Amt.: \$0.00 User: [REDACTED]

Force Thru
Comments:

Payment
Comments:

ACRN	Svc	Cnty	CLIN	FC	TC	TP	CC	Disbursement	Comments	Batch Date	Batch Cd
AC	1	US	0001	[REDACTED]	M	2	N	\$2,001.20 PER INV		[REDACTED]	[REDACTED]

**PUBLIC VOUCHER FOR PURCHASES AND
SERVICES-OTHER-THAN PERSONAL**

VOUCHER NO.
000003

U.S. GOVERNMENT PRINTING OFFICE: 1986-0-491 248/20630

DATE VOUCHER PREPARED

SCHEDULE NO.

CONTRACT NUMBER AND DATE

PAID BY

REQUISITION NUMBER AND DATE

PAYEE'S
NAME
AND
ADDRESS

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE'S ACCOUNT NUMBER

SHIPPED FROM

TO

WEIGHT

GOVERNMENT B/L NUMBER

NUMBER
AND DATE
OF ORDER

DATE OF
DELIVERY
OR SERVICE

ARTICLES OR SERVICES
(Enter description, item number of contract of Federal supply
schedule, and other information deemed necessary)

QUAN-
TITY

UNIT PRICE
COST PER

AMOUNT

FROM:

BMD CONTRACT
CLIN 0001-ACRN AB 25.0 DPPHS

TO:

(Use continuation sheet(s) if necessary)

(Payee must NOT use the space below)

TOTAL 2,001.20

PAYMENT:

- ☐ PROVISIONAL
☐ COMPLETE
☒ PARTIAL
☐ FINAL
☐ PROGRESS
☐ ADVANCE

APPROVED FOR

EXCHANGE RATE

= \$1.00

DIFFERENCES

BY:

PROVISIONAL PAYMENT
SUBJECT TO LATER AUDIT

Amount verified; correct for

(Signature or initials)

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

(Date)

(Authorized Certifying Officer):

(Title)

ACCOUNTING CLASSIFICATION

CHECK NUMBER

ON ACCOUNT OF U.S. TREASURY

CHECK NUMBER

ON (Name of bank)

CASH

DATE

PAYEE'S

¹When stated in foreign currency, insert name of currency.

²If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.

³When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

TITLE

Previous edition usable

U.S. GOVERNMENT PRINTING OFFICE: 1986-0-491 248/20630

NSN 7540-00-634-4206

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

03/05/02238
886100490001

BILLING # 000003

BILLING DATE: PAGE: 01

DESCRIP: BMD CONTRACT BILLING

TO: FROM:

PRIME CONTRACT #: TOTAL CONTRACT: 105,545.00
OTHER CONTRACT #: CONTRACT NAME:
ACCOUNT NUMBER:

BILL PD END:	CURRENT RATE	CURRENT HOURS	CURRENT BILLABLE	CUMULATIVE HOURS	CUMULATIVE BILLABLE
ANALYST I-DC-OFF SIT	55.57	0.0	0.00	32.0	1778.24
ANALYST VI-DC-OFF	83.20	0.0	0.00	42.0	3494.40
ANALYST VIII-DC-OFF	116.32	0.0	0.00	20.0	2326.40
SR.MGM/TEC II-DC-OFF	131.36	13.0	1707.68	30.0	3940.80
CLERK I-DC-OFF	21.74	8.0	173.92	8.0	173.92
CLERKII-DC-OFF	29.90	4.0	119.60	10.0	299.00
SECRETARY IV-DC-OFF	51.64	0.0	0.00	8.0	413.12
TOTAL LABOR		25.0	2001.20	150.0	12425.88
SUBCONTRACT-TRAVEL			0.00		3148.56
SUBTOTAL ODCS			0.00		3148.56
SUBCONTRACT HANDLI 4.00%			0.00		125.94
TOTAL NON-LABOR BILLABLE			0.00		3274.50
TOTAL BILLING			2001.20		15700.38

03/05/02238
000100490002

Defense Finance & Accounting Service
Payment Summary Report

Date Run: [REDACTED] EDI Ind: N

Contract No.: [REDACTED] Contractor Name: [REDACTED]

Shipment No.: BVN0004 Invoice Type: Bureau Voucher

Invoice Amt.: \$585.24 Payment Date: [REDACTED]

Net Pmt Amt.: \$585.24 Force Thru: N

Deduct Amt.: \$0.00 User: [REDACTED]

Force Thru

Comments:

Payment

Comments:

ACRN	Svc	Cnty	CLIN	FC	TC	TP	CC	Disbursement	Comments	Batch Date	Batch Cd
AB	1	US	0001	[REDACTED]	M	2	N	\$585.24		[REDACTED]	[REDACTED]

BILLING # 000004

PAGE: 01
BILLING DATE: [REDACTED]

DESCRIP: BMD CONTRACT BILLING

TO: [REDACTED]

FROM: [REDACTED]

PRIME CONTRACT #: [REDACTED] TOTAL CONTRACT: 105,545.00
OTHER CONTRACT #: [REDACTED] CONTRACT NAME: [REDACTED]
ACCOUNT NUMBER: [REDACTED]

BILL PD END: [REDACTED]	CURRENT RATE	CURRENT HOURS	CURRENT BILLABLE	CUMULATIVE HOURS	CUMULATIVE BILLABLE
	-----	-----	-----	-----	-----
ANALYST I-DC-OFF SIT	55.57	0.0	0.00	32.0	1778.24
ANALYST VI-DC-OFF	83.20	0.0	0.00	42.0	3494.40
ANALYST VIII-DC-OFF	116.32	0.0	0.00	20.0	2326.40
SR.MGM/TEC II-DC-OFF	131.36	4.0	525.44	34.0	4466.24
CLERK I-DC-OFF	21.74	0.0	0.00	8.0	173.92
CLERKII-DC-OFF	29.90	2.0	59.80	12.0	358.80
SECRETARY IV-DC-OFF	51.64	0.0	0.00	8.0	413.12
		-----	-----	-----	-----
TOTAL LABOR		6.0	585.24	156.0	13011.12
SUBCONTRACT-TRAVEL			0.00		3148.56
			-----		-----
SUBTOTAL ODCS			0.00		3148.56
SUBCONTRACT HANDLI 4.00%			0.00		125.94
			-----		-----
TOTAL NON-LABOR BILLABLE			0.00		3274.50
			-----		-----
TOTAL BILLING			585.24		16285.62
			=====		=====

03/05/02252
008000260002



DEFENSE CONTRACT AUDIT AGENCY

[REDACTED]

IN REPLY REFER TO

1201 810.1

[REDACTED]

MEMORANDUM FOR DEFENSE FINANCE AND ACCOUNTING SERVICE

SUBJECT: Authorization for Direct Submission of Public Vouchers

[REDACTED] (1) maintains an adequate billing system and (2) submits its incurred proposals in accordance with FAR 52.216-7, Allowable Cost and Payment contract clause. Therefore, in accordance with Defense Federal Acquisition Regulation Supplement (DFARS) 242.803(b0(i)(C), this contractor is permitted to directly submit public vouchers on government contracts without DCAA advance approval. By attaching one copy of this memorandum, and indicating in the signature block of the voucher that "Direct Submission [is] Authorized," the contractor is representing that DCAA has authorized direct submission of public vouchers to DFAS by DCD. DCAA will continue to review DCD's procedures for preparing public vouchers as part of our ongoing surveillance of the contractor's billing system. The contractor's CAGE (Commercial and Government Entity) [REDACTED]

Please direct any questions regarding this memorandum to [REDACTED]

[REDACTED]

[REDACTED]

03/05/02252
008000260003

Defense Finance & Accounting Service

Payment Summary Report

Date Run: [REDACTED] EDI Ind: 1

Contract No.: [REDACTED] Contractor Name: [REDACTED]

Shipment No.: BVN0005 Invoice Type: Bureau Voucher

Invoice Amt.: \$1,515.80 Payment Date: [REDACTED]

Net Pmt Amt.: \$1,515.80 Force Thru: N

Deduct Amt.: \$0.00 User: [REDACTED]

Force Thru

Comments:

Payment

Comments:

ACRN	Svc	Cnty	CLIN	FC	TC	TP	CC	Disbursement	Comments	Batch Date	Batch Cd
AB	1	US	0001	[REDACTED]	M	2	N	\$1,515.80		[REDACTED]	[REDACTED]

PIIN: [REDACTED] SOURCE ID: WInS
SHIP DATE: [REDACTED]
SFIIN: [REDACTED] MOCAS REC'D DT: [REDACTED]
SHIP NO: BVN0005 INV/VOUCHER DATE: [REDACTED]
INV/VOUCHER NO: BVN0005 GATEWAY REC'D DT: [REDACTED]
TASK ORDER: CAGE: [REDACTED]
INVOICE NO: 00005 MOD NO: [REDACTED]
TOTAL AMOUNT: 1515.80 ADPE NO: [REDACTED]
MODE OF SHIP: PAYING OFFICE: [REDACTED]
FAST PAY: DD250: [REDACTED]

DISC DAYS DATE AMOUNT
(1)
(2)

TRANSPORT AMOUNT:
CURRENCY CODE:

COMPANY NAME CONTRACTOR REP TEL NO FAX NO

CAO OFFICE ACO REP TELEPHONE BUYING OFFICE

PERIOD/ORDER START: [REDACTED] SHIP TO CODE:
PERIOD END/DLVRD.: [REDACTED] MARK FOR CODE:

CLIN	NSN	QUAN	U/M CODE	UNIT PRICE	MILSTRIP
1		1	EA	1515.80	

ACCT LINE
CLIN - 0001 ACRN - AB \$1515.800

Defense Finance & Accounting Service
Payment Summary Report

Date Run: [REDACTED] EDI Ind: 2

Contract No.: [REDACTED] Contractor Name: [REDACTED]

Shipment No.: BVN0006 Invoice Type: Bureau Voucher

Invoice Amt.: \$6,299.60 Payment Date: [REDACTED]

Net Pmt Amt.: \$6,299.60 Force Thru: N

Deduct Amt.: \$0.00 User: [REDACTED]

Force Thru
Comments:

Payment
Comments:

ACRN	Svc	Cnty	CLIN	FC	TC	TP	CC	Disbursement	Comments	Batch Date	Batch Cd
AB	1	US		[REDACTED]	M	2	N	\$1,765.72		[REDACTED]	[REDACTED]
AD	1	US		[REDACTED]	M	2	N	\$2,537.87		[REDACTED]	[REDACTED]
AE	1	US		[REDACTED]	M	2	N	\$1,996.01		[REDACTED]	[REDACTED]

PIIN: [REDACTED] SOURCE ID: WInS
SPIIN: [REDACTED] SHIP DATE:
SHIP NO: BVN0006 MOCAS REC'D DT: [REDACTED]
INV/VOUCHER NO: BVN0006 INV/VOUCHER DATE: [REDACTED]
TASK ORDER: GATEWAY REC'D DT: [REDACTED]
INVOICE NO: 00006 CAGE: [REDACTED]
TOTAL AMOUNT: 6299.60 MOD NO:
MODE OF SHIP: ADPE NO: [REDACTED]
FAST PAY: PAYING OFFICE: [REDACTED]
DD250:

DISC DAYS DATE AMOUNT
(1)
(2)

TRANSPORT AMOUNT:
CURRENCY CODE:

COMPANY NAME CONTRACTOR REP TEL NO FAX NO
[REDACTED] [REDACTED] [REDACTED] [REDACTED]

CAO OFFICE ACO REP TELEPHONE BUYING OFFICE
[REDACTED]

PERIOD/ORDER START: [REDACTED] SHIP TO CODE:
PERIOD END/DLVRD.: [REDACTED] MARK FOR CODE:

CLIN	NSN	QUAN	U/M CODE	UNIT PRICE	MILSTRIP
1		1	EA	6299.60	

ACCT LINE
CLIN - 0001 ACRN - AA \$6299.600

Defense Finance & Accounting Service

Payment Summary Report

Date Run: [REDACTED] EDI Ind: 1

Contract No.: [REDACTED] Contractor Name: [REDACTED]

Shipment No.: BVN0007 Invoice Type: Bureau Voucher

Invoice Amt.: \$9,804.80 Payment Date: [REDACTED]

Net Pmt Amt.: \$9,804.80 Force Thru: N

Deduct Amt.: \$0.00 User: [REDACTED]

Force Thru
Comments:

Payment
Comments:

ACRN	Svc	Cnty	CLIN	FC	TC	TP	CC	Disbursement	Comments	Batch Date	Batch Cd
AB	1	US	0001	[REDACTED]	M	2	N	\$6,882.04		[REDACTED]	[REDACTED]
AE	1	US	0001	[REDACTED]	M	2	N	\$2,922.76		[REDACTED]	[REDACTED]

PIIN:	[REDACTED]	SOURCE ID:	WInS
SPIIN:	[REDACTED]	SHIP DATE:	
SHIP NO:	BVN0007	MOCAS REC'D DT:	[REDACTED]
INV/VOUCHER NO:	BVN0007	INV/VOUCHER DATE:	[REDACTED]
TASK ORDER:		GATEWAY REC'D DT:	[REDACTED]
INVOICE NO:	0007	CAGE:	[REDACTED]
TOTAL AMOUNT:	9804.80	MOD NO:	
MODE OF SHIP:		ADPE NO:	[REDACTED]
FAST PAY:		PAYING OFFICE:	[REDACTED]
		DD250:	

DISC	DAYS	DATE	AMOUNT
(1)			
(2)			

TRANSPORT AMOUNT:
CURRENCY CODE:

COMPANY NAME	CONTRACTOR REP	TEL NO	FAX NO
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

CAO OFFICE	ACO REP	TELEPHONE	BUYING OFFICE
[REDACTED]			

PERIOD/ORDER START:	[REDACTED]	SHIP TO CODE:
PERIOD END/DLVRD.:	[REDACTED]	MARK FOR CODE:

CLIN	NSN	QUAN	U/M CODE	UNIT PRICE	MILSTRIP
1		1	EA	2922.76	
2		1	EA	6882.04	

ACCT LINE		
CLIN - 0001	ACRN - AE	\$2922.760
32.0 DPPHS		
CLIN - 0001	ACRN - AB	\$6882.040
58.0 DPPHS		

Defense Finance & Accounting Service

Payment Summary Report

Date Run: [REDACTED] EDI Ind: 1

Contract No.: [REDACTED] Contractor Name: [REDACTED]

Shipment No.: BVN0008 Invoice Type: Bureau Voucher

Invoice Amt.: \$6,960.31 Payment Date: [REDACTED]

Net Pmt Amt.: \$6,960.31 Force Thru: N

Deduct Amt.: \$0.00 User: [REDACTED]

Force Thru
Comments:

Payment
Comments:

ACRN	Svc	Cnty	CLIN	FC	TC	TP	CC	Disbursement	Comments	Batch Date	Batch Cd
AB	1	US	0001	[REDACTED]	M	2	N	\$4,377.78		[REDACTED]	[REDACTED]
AE	1	US	0001	[REDACTED]	M	2	N	\$567.68		[REDACTED]	[REDACTED]
AE	1	US	0005	[REDACTED]	M	2	N	\$2,014.85		[REDACTED]	[REDACTED]

PIIN:	[REDACTED]	SOURCE ID:	WInS
SPIIN:	[REDACTED]	SHIP DATE:	
SHIP NO:	BVN0008	MOCAS REC'D DT:	[REDACTED]
INV/VOUCHER NO:	BVN0008	INV/VOUCHER DATE:	[REDACTED]
TASK ORDER:		GATEWAY REC'D DT:	[REDACTED]
INVOICE NO:	0008	CAGE:	[REDACTED]
TOTAL AMOUNT:	6960.31	MOD NO:	
MODE OF SHIP:		ADPE NO:	[REDACTED]
FAST PAY:		PAYING OFFICE:	[REDACTED]
		DD250:	

DISC	DAYS	DATE	AMOUNT
(1)			
(2)			

TRANSPORT AMOUNT:
CURRENCY CODE:

COMPANY NAME	CONTRACTOR REP	TEL NO	FAX NO
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

CAO OFFICE	ACO REP	TELEPHONE	BUYING OFFICE
[REDACTED]			

PERIOD/ORDER START:	[REDACTED]	SHIP TO CODE:
PERIOD END/DLVRD.:	[REDACTED]	MARK FOR CODE:

CLIN	NSN	QUAN	U/M CODE	UNIT PRICE	MILSTRIP
1		1	EA	4377.78	
2		1	EA	567.68	
3		1	EA	2014.85	

ACCT LINE		
CLIN - 0001	ACRN - AB	\$4377.780
34.0 DPPHS		
CLIN - 0001	ACRN - AE	\$567.680
6.0 DPPHS		
CLIN - 0005	ACRN - AE	\$2014.850
TRAVEL		

Defense Finance & Accounting Service

Payment Summary Report

Date Run: [REDACTED] EDI Ind: 1

Contract No.: [REDACTED] Contractor Name: [REDACTED]

Shipment No.: BVN0009 Invoice Type: Bureau Voucher

Invoice Amt.: \$1,209.30 Payment Date: [REDACTED]

Net Pmt Amt.: \$1,209.30 Force Thru: N

Deduct Amt.: \$0.00 User: [REDACTED]

Force Thru

Comments:

Payment

Comments:

ACRN	Svc	Cnty	CLIN	FC	TC	TP	CC	Disbursement	Comments	Batch Date	Batch Cd
AB	1	US	0001	[REDACTED]	M	2	N	\$1,209.30		[REDACTED]	[REDACTED]

PIIN:	[REDACTED]	SOURCE ID:	WINS
SPIIN:	[REDACTED]	SHIP DATE:	
SHIP NO:	BVN0009	MOCAS REC'D DT:	[REDACTED]
INV/VOUCHER NO:	BVN0009	INV/VOUCHER DATE:	[REDACTED]
TASK ORDER:		GATEWAY REC'D DT:	[REDACTED]
INVOICE NO:	0009	CAGE:	[REDACTED]
TOTAL AMOUNT:	1209.30	MOD NO:	
MODE OF SHIP:		ADPE NO:	[REDACTED]
FAST PAY:		PAYING OFFICE:	[REDACTED]
		DD250:	

	DISC	DAYS	DATE	AMOUNT
(1)				
(2)				

TRANSPORT AMOUNT:
CURRENCY CODE:

COMPANY NAME	CONTRACTOR REP	TEL NO	FAX NO
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

CAO OFFICE	ACO REP	TELEPHONE	BUYING OFFICE
[REDACTED]			

PERIOD/ORDER START:	[REDACTED]	SHIP TO CODE:
PERIOD END/DLVRD.:	[REDACTED]	MARK FOR CODE:

CLIN	NSN	QUAN	U/M CODE	UNIT PRICE	MILSTRIP
1		1	EA	1209.30	

ACCT LINE		
CLIN - 0001	ACRN - AB	\$1209.300
9.0 DPPHS		

Defense Finance & Accounting Service

Payment Summary Report

Date Run: [REDACTED] EDI Ind: 2

Contract No.: [REDACTED] Contractor Name: [REDACTED]

Shipment No.: BVN0010 Invoice Type: Bureau Voucher

Invoice Amt.: \$6,143.82 Payment Date: [REDACTED]

Net Pmt Amt.: \$6,143.82 Force Thru: N

Deduct Amt.: \$0.00 User: [REDACTED]

Force Thru
Comments:

Payment
Comments:

ACRN	Svc	Cnty	CLIN	FC	TC	TP	CC	Disbursement	Comments	Batch Date	Batch Cd
AC	1	US	0001	[REDACTED]	M	2	N	\$789.58		[REDACTED]	[REDACTED]
AE	1	US	0005	[REDACTED]	M		Y	(\$8.34)		[REDACTED]	[REDACTED]
AB	1	US	0001	[REDACTED]	M	2	N	\$5,362.58		[REDACTED]	[REDACTED]

PIIN:	[REDACTED]	SOURCE ID:	WInS
SPIIN:	[REDACTED]	SHIP DATE:	
SHIP NO:	BVN0010	MOCAS REC'D DT:	[REDACTED]
INV/VOUCHER NO:	BVN0010	INV/VOUCHER DATE:	[REDACTED]
TASK ORDER:		GATEWAY REC'D DT:	[REDACTED]
INVOICE NO:	00010	CAGE:	[REDACTED]
TOTAL AMOUNT:	6143.82	MOD NO:	
MODE OF SHIP:		ADPE NO:	[REDACTED]
FAST PAY:		PAYING OFFICE:	[REDACTED]
		DD250:	

DISC	DAYS	DATE	AMOUNT	
(1)				TRANSPORT AMOUNT:
(2)				CURRENCY CODE:

COMPANY NAME	CONTRACTOR REP	TEL NO	FAX NO
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

CAO OFFICE	ACO REP	TELEPHONE	BUYING OFFICE
[REDACTED]			

PERIOD/ORDER START:	[REDACTED]	SHIP TO CODE:
PERIOD END/DLVRD.:	[REDACTED]	MARK FOR CODE:

CLIN	NSN	QUAN	U/M CODE	UNIT PRICE	MILSTRIP
1		1	EA	6143.82	

ACCT LINE		
CLIN - 0001	ACRN - AB	\$5162.580
41.5 DPPHS		
CLIN - 0001	ACRN - AC	\$989.580
18.5 DPPHS		
CLIN - 0005	ACRN - AE	\$-8.340
OTRAVEL ADJUSTMENT		

Defense Finance & Accounting Service
Payment Summary Report

Date Run: [REDACTED] EDI Ind: 2

Contract No.: [REDACTED] Contractor Name: [REDACTED]

Shipment No.: BVN0011 Invoice Type: Bureau Voucher

Invoice Amt.: \$10,562.71 Payment Date: [REDACTED]

Net Pmt Amt.: \$10,562.71 Force Thru: N

Deduct Amt.: \$0.00 User: [REDACTED]

Force Thru

Comments:

Payment

Comments:

ACRN	Svc	Cnty	CLIN	FC	TC	TP	CC	Disbursement	Comments	Batch Date	Batch Cd
AC	1	US	0001	[REDACTED]	M	2	N	\$26.48		[REDACTED]	[REDACTED]
AD	1	US	0001	[REDACTED]	M	2	N	\$10,536.23		[REDACTED]	[REDACTED]

PIIN:	[REDACTED]	SOURCE ID:	WInS
SPIIN:	[REDACTED]	SHIP DATE:	
SHIP NO:	BVN0011	MOCAS REC'D DT:	[REDACTED]
INV/VOUCHER NO:	BVN0011	INV/VOUCHER DATE:	[REDACTED]
TASK ORDER:		GATEWAY REC'D DT:	[REDACTED]
INVOICE NO:	00011	CAGE:	[REDACTED]
TOTAL AMOUNT:	10562.71	MOD NO:	
MODE OF SHIP:		ADPE NO:	[REDACTED]
FAST PAY:		PAYING OFFICE:	[REDACTED]
		DD250:	

	DISC	DAYS	DATE	AMOUNT
(1)				
(2)				

TRANSPORT AMOUNT:
CURRENCY CODE:

COMPANY NAME	CONTRACTOR REP	TEL NO	FAX NO
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

CAO OFFICE	ACO REP	TELEPHONE	BUYING OFFICE
[REDACTED]			

PERIOD/ORDER START:	[REDACTED]	SHIP TO CODE:
PERIOD END/DLVRD.:	[REDACTED]	MARK FOR CODE:

CLIN	NSN	QUAN	U/M CODE	UNIT PRICE	MILSTRIP
1		1	EA	5026.48	
2		1	EA	5536.23	

ACCT LINE		
CLIN - 0001	ACRN - AC	\$5026.480
40.5 DPPHS		
CLIN - 0001	ACRN - AD	\$5536.230
103.5 DPPHS		

Defense Finance & Accounting Service
Payment Summary Report

Date Run: [REDACTED] EDI Ind: 1
Contract No.: [REDACTED] Contractor Name: [REDACTED]
Shipment No.: BVN0012 Invoice Type: Bureau Voucher
Invoice Amt.: \$10,069.27 Payment Date: [REDACTED]
Net Pmt Amt.: \$10,069.27 Force Thru: N
Deduct Amt.: \$0.00 User: [REDACTED]
Force Thru
Comments:

Payment
Comments:

ACRN	Svc	Cnty	CLIN	FC	TC	TP	CC	Disbursement	Comments	Batch Date	Batch Cd
AD	1	US	0001	[REDACTED]	M	2	N	\$10,069.27		[REDACTED]	[REDACTED]

PIIN: [REDACTED] SOURCE ID: WInS
SPIIN: [REDACTED] SHIP DATE:
SHIP NO: BVN0012 MOCAS REC'D DT: [REDACTED]
INV/VOUCHER NO: BVN0012 INV/VOUCHER DATE: [REDACTED]
TASK ORDER: GATEWAY REC'D DT: [REDACTED]
INVOICE NO: 00012 CAGE: [REDACTED]
TOTAL AMOUNT: 10069.27 MOD NO:
MODE OF SHIP: ADPE NO: [REDACTED]
FAST PAY: PAYING OFFICE: [REDACTED]
DD250:

DISC DAYS DATE AMOUNT
(1)
(2)

TRANSPORT AMOUNT:
CURRENCY CODE:

COMPANY NAME CONTRACTOR REP TEL NO FAX NO
[REDACTED] [REDACTED] [REDACTED] [REDACTED]

CAO OFFICE ACO REP TELEPHONE BUYING OFFICE
[REDACTED]

PERIOD/ORDER START: [REDACTED] SHIP TO CODE:
PERIOD END/DLVRD.: [REDACTED] MARK FOR CODE:

CLIN	NSN	QUAN	U/M CODE	UNIT PRICE	MILSTRIP
1		1	EA	10069.27	

ACCT LINE
CLIN - 0001 ACRN - AD \$10069.270
139.0 DPPHS

Defense Finance & Accounting Service
Payment Summary Report

Date Run: [REDACTED] EDI Ind: 1

Contract No.: [REDACTED] Contractor Name: [REDACTED]

Shipment No.: BVN0013 Invoice Type: Bureau Voucher

Invoice Amt.: \$6,176.81 Payment Date: [REDACTED]

Net Pmt Amt.: \$6,176.81 Force Thru: N

Deduct Amt.: \$0.00 User: [REDACTED]

Force Thru
Comments:

Payment
Comments:

ACRN	Svc	Cnty	CLIN	FC	TC	TP	CC	Disbursement	Comments	Batch Date	Batch Cd
AD	1	US	0001	[REDACTED]	M	2	N	\$4,434.67		[REDACTED]	[REDACTED]
AD	1	US	0005	[REDACTED]	M	2	N	\$1,742.14		[REDACTED]	[REDACTED]

PIIN:	[REDACTED]	SOURCE ID:	WInS
SPIIN:	[REDACTED]	SHIP DATE:	
SHIP NO:	BVN0013	MOCAS REC'D DT:	[REDACTED]
INV/VOUCHER NO:	BVN0013	INV/VOUCHER DATE:	[REDACTED]
TASK ORDER:		GATEWAY REC'D DT:	[REDACTED]
INVOICE NO:	00013	CAGE:	[REDACTED]
TOTAL AMOUNT:	6176.81	MOD NO:	
MODE OF SHIP:		ADPE NO:	[REDACTED]
FAST PAY:		PAYING OFFICE:	[REDACTED]
		DD250:	

DISC	DAYS	DATE	AMOUNT
(1)			
(2)			

TRANSPORT AMOUNT:
CURRENCY CODE:

COMPANY NAME	CONTRACTOR REP	TEL NO	FAX NO
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

CAO OFFICE	ACO REP	TELEPHONE	BUYING OFFICE
[REDACTED]			

PERIOD/ORDER START:	[REDACTED]	SHIP TO CODE:
PERIOD END/DLVRD.:	[REDACTED]	MARK FOR CODE:

CLIN	NSN	QUAN	U/M CODE	UNIT PRICE	MILSTRIP
1		1	EA	4434.67	
2		1	EA	1742.14	

ACCT LINE		
CLIN - 0001	ACRN - AD	\$4434.670
85.0 DPPHS		
CLIN - 0005	ACRN - AD	\$1742.140
TRAVEL		

Defense Finance & Accounting Service
Payment Summary Report

Date Run: [REDACTED] EDI Ind: 2

Contract No.: [REDACTED] Contractor Name: [REDACTED]

Shipment No.: BVN0014 Invoice Type: Bureau Voucher

Invoice Amt.: \$7,395.96 Payment Date: [REDACTED]

Net Pmt Amt.: \$7,395.96 Force Thru: N

Deduct Amt.: \$0.00 User: [REDACTED]

Force Thru

Comments:

Payment

Comments:

ACRN	Svc	Cnty	CLIN	FC	TC	TP	CC	Disbursement	Comments	Batch Date	Batch Cd
AB	1	US		[REDACTED]	M	2	N	\$1,000.00		[REDACTED]	[REDACTED]
AD	1	US	0005	[REDACTED]	M	2	N	\$598.19		[REDACTED]	[REDACTED]
AD	1	US	0001	[REDACTED]	M	2	N	\$3,797.77		[REDACTED]	[REDACTED]
AE	1	US		[REDACTED]	M	2	N	\$2,000.00		[REDACTED]	[REDACTED]

PIIN:	[REDACTED]	SOURCE ID:	WInS
SPIIN:	[REDACTED]	SHIP DATE:	
SHIP NO:	BVN0014	MOCAS REC'D DT:	[REDACTED]
INV/VOUCHER NO:	BVN0014	INV/VOUCHER DATE:	[REDACTED]
TASK ORDER:		GATEWAY REC'D DT:	[REDACTED]
INVOICE NO:	00014	CAGE:	[REDACTED]
TOTAL AMOUNT:	7395.96	MOD NO:	
MODE OF SHIP:		ADPE NO:	[REDACTED]
FAST PAY:		PAYING OFFICE:	[REDACTED]
		DD250:	

DISC	DAYS	DATE	AMOUNT
(1)			
(2)			

TRANSPORT AMOUNT:
CURRENCY CODE:

COMPANY NAME	CONTRACTOR REP	TEL NO	FAX NO
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

CAO OFFICE	ACO REP	TELEPHONE	BUYING OFFICE
[REDACTED]			

PERIOD/ORDER START:	[REDACTED]	SHIP TO CODE:
PERIOD END/DLVRD.:	[REDACTED]	MARK FOR CODE:

CLIN	NSN	QUAN	U/M CODE	UNIT PRICE	MILSTRIP
1		1	EA	6797.77	
2		1	EA	598.19	

ACCT LINE		
CLIN - 0001	ACRN - AD	\$6797.770
102.0 DPPHS		
CLIN - 0005	ACRN - AD	\$598.190
TRAVEL		

Defense Finance & Accounting Service **Payment Summary Report**

Date Run: [REDACTED] EDI Ind: 2

Contract No.: [REDACTED] Contractor Name: [REDACTED]

Shipment No.: BVN0015 Invoice Type: Bureau Voucher

Invoice Amt.: \$6,832.60 Payment Date: [REDACTED]

Net Pmt Amt.: \$6,832.60 Force Thru: N

Deduct Amt.: \$0.00 User: [REDACTED]

Force Thru
Comments:

Payment
Comments:

ACRN	Svc	Cnty	CLIN	FC	TC	TP	CC	Disbursement	Comments	Batch Date	Batch Cd
AB	1	US	0001	[REDACTED]	M	2	N	\$15.48		[REDACTED]	[REDACTED]
AC	1	US	0001	[REDACTED]	M	2	N	\$15.48		[REDACTED]	[REDACTED]
AD	1	US	0001	[REDACTED]	M	2	N	\$68.99		[REDACTED]	[REDACTED]
AD	1	US	0005	[REDACTED]	M	2	N	\$23.91		[REDACTED]	[REDACTED]
AE	1	US	0001	[REDACTED]	M	2	N	\$517.13		[REDACTED]	[REDACTED]
AE	1	US	0005	[REDACTED]	M	2	N	\$6,191.61		[REDACTED]	[REDACTED]

PIIN:	[REDACTED]	SOURCE ID:	WInS
SPIIN:	[REDACTED]	SHIP DATE:	
SHIP NO:	BVN0015	MOCAS REC'D DT:	[REDACTED]
INV/VOUCHER NO:	BVN0015	INV/VOUCHER DATE:	[REDACTED]
TASK ORDER:		GATEWAY REC'D DT:	[REDACTED]
INVOICE NO:	0015	CAGE:	[REDACTED]
TOTAL AMOUNT:	6832.60	MOD NO:	
MODE OF SHIP:		ADPE NO:	[REDACTED]
FAST PAY:		PAYING OFFICE:	[REDACTED]
		DD250:	

	DISC	DAYS	DATE	AMOUNT
(1)				
(2)				

TRANSPORT AMOUNT:
CURRENCY CODE:

COMPANY NAME	CONTRACTOR REP	TEL NO	FAX NO
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

CAO OFFICE	ACO REP	TELEPHONE	BUYING OFFICE
[REDACTED]			

PERIOD/ORDER START:	[REDACTED]	SHIP TO CODE:
PERIOD END/DLVRD.:	[REDACTED]	MARK FOR CODE:

CLIN	NSN	QUAN	U/M CODE	UNIT PRICE	MILSTRIP
1		1	EA	15.48	
2		1	EA	15.48	
3		1	EA	4868.99	
4		1	EA	23.91	
5		1	EA	517.13	
6		1	EA	1391.61	

ACCT LINE		
CLIN - 0001	ACRN - AB	\$15.480
0.5 DPPHS		
CLIN - 0001	ACRN - AC	\$15.480
0.5 DPPHS		
CLIN - 0001	ACRN - AD	\$4868.990
67.0 DPPHS		
CLIN - 0005	ACRN - AD	\$23.910
TRAVEL		
CLIN - 0001	ACRN - AE	\$517.130
6.0 DPPHS		
CLIN - 0005	ACRN - AE	\$1391.610
TRAVEL		

Defense Finance & Accounting Service
Payment Summary Report

Date Run: [REDACTED] EDI Ind: 1

Contract No.: [REDACTED] Contractor Name: [REDACTED]

Shipment No.: BVN0016 Invoice Type: Bureau Voucher

Invoice Amt.: \$6,880.27 Payment Date: [REDACTED]

Net Pmt Amt.: \$6,880.27 Force Thru: N

Deduct Amt.: \$0.00 User: [REDACTED]

Force Thru
Comments:

Payment
Comments:

ACRN	Svc	Cnty	CLIN	FC	TC	TP	CC	Disbursement	Comments	Batch Date	Batch Cd
AD	1	US	0001	[REDACTED]	M	2	N	\$26.75		[REDACTED]	[REDACTED]
AE	1	US	0001	[REDACTED]	M	2	N	\$6,853.52		[REDACTED]	[REDACTED]

PIIN: [REDACTED] SOURCE ID: WInS
SPIIN: [REDACTED] SHIP DATE:
SHIP NO: BVN0016 MOCAS REC'D DT: [REDACTED]
INV/VOUCHER NO: BVN0016 INV/VOUCHER DATE: [REDACTED]
TASK ORDER: GATEWAY REC'D DT: [REDACTED]
INVOICE NO: 0016 CAGE:
TOTAL AMOUNT: 6880.27 MOD NO:
MODE OF SHIP: ADPE NO: [REDACTED]
FAST PAY: PAYING OFFICE: [REDACTED]
DD250:

DISC DAYS DATE AMOUNT
(1)
(2)

TRANSPORT AMOUNT:
CURRENCY CODE:

COMPANY NAME CONTRACTOR REP TEL NO FAX NO

CAO OFFICE ACO REP TELEPHONE BUYING OFFICE

PERIOD/ORDER START: [REDACTED] SHIP TO CODE:
PERIOD END/DLVRD.: [REDACTED] MARK FOR CODE:

CLIN	NSN	QUAN	U/M CODE	UNIT PRICE	MILSTRIP
1		1	EA	26.75	
2		1	EA	6853.52	

ACCT LINE
CLIN - 0001 ACRN - AD \$26.750
0.5 DPPHS
CLIN - 0001 ACRN - AE \$6853.520
90.5 DPPHS

Defense Finance & Accounting Service

Payment Summary Report

Date Run: [REDACTED] EDI Ind: 1

Contract No.: [REDACTED] Contractor Name: [REDACTED]

Shipment No.: BVN0017 Invoice Type: Bureau Voucher

Invoice Amt.: \$3,421.58 Payment Date: [REDACTED]

Net Pmt Amt.: \$3,421.58 Force Thru: N

Deduct Amt.: \$0.00 User: [REDACTED]

Force Thru
Comments:

Payment
Comments:

ACRN	Svc	Cnty	CLIN	FC	TC	TP	CC	Disbursement	Comments	Batch Date	Batch Cd
AB	1	US	0005	[REDACTED]	M	2	N	\$6.25		[REDACTED]	[REDACTED]
AC	1	US	0005	[REDACTED]	M	2	N	\$5.48		[REDACTED]	[REDACTED]
AD	1	US	0005	[REDACTED]	M	2	N	\$3.50		[REDACTED]	[REDACTED]
AE	1	US	0001	[REDACTED]	M	2	N	\$1,128.04		[REDACTED]	[REDACTED]
AE	1	US	0005	[REDACTED]	M	2	N	\$2,278.31		[REDACTED]	[REDACTED]

PIIN:	[REDACTED]	SOURCE ID:	WInS
SPIIN:	[REDACTED]	SHIP DATE:	
SHIP NO:	BVN0017	MOCAS REC'D DT:	[REDACTED]
INV/VOUCHER NO:	BVN0017	INV/VOUCHER DATE:	[REDACTED]
TASK ORDER:		GATEWAY REC'D DT:	[REDACTED]
INVOICE NO:	00017	CAGE:	[REDACTED]
TOTAL AMOUNT:	3421.58	MOD NO:	[REDACTED]
MODE OF SHIP:		ADPE NO:	[REDACTED]
FAST PAY:		PAYING OFFICE:	[REDACTED]
		DD250:	

DISC	DAYS	DATE	AMOUNT
(1)			
(2)			

TRANSPORT AMOUNT:
CURRENCY CODE:

COMPANY NAME	CONTRACTOR REP	TEL NO	FAX NO
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

CAO OFFICE	ACO REP	TELEPHONE	BUYING OFFICE
[REDACTED]			

PERIOD/ORDER START:	[REDACTED]	SHIP TO CODE:
PERIOD END/DLVRD.:	[REDACTED]	MARK FOR CODE:

CLIN	NSN	QUAN	U/M CODE	UNIT PRICE
1		1	EA	6.25
2		1	EA	5.48
3		1	EA	3.50
4		1	EA	1128.04
5		1	EA	2278.31

MILSTRIP

ACCT LINE		
CLIN - 0005	ACRN - AB	\$6.250
TRAVEL		
CLIN - 0005	ACRN - AC	\$5.480
TRAVEL		
CLIN - 0005	ACRN - AD	\$3.500
TRAVEL		
CLIN - 0001	ACRN - AE	\$1128.040
18.0 DPPHS		
CLIN - 0005	ACRN - AE	\$2278.310
TRAVEL		

Defense Finance & Accounting Service **Payment Summary Report**

Date Run: [REDACTED] EDI Ind: 2

Contract No.: [REDACTED] Contractor Name: [REDACTED]

Shipment No.: BVN0018 Invoice Type: Bureau Voucher

Invoice Amt.: \$5,753.92 Payment Date: [REDACTED]

Net Pmt Amt.: \$5,753.92 Force Thru: N

Deduct Amt.: \$0.00 User: [REDACTED]

Force Thru
Comments:

Payment
Comments:

ACRN	Svc	Cnty	CLIN	FC	TC	TP	CC	Disbursement	Comments	Batch Date	Batch Cd
AB	1	US		[REDACTED]	M	2	N	\$2,000.00	0001	[REDACTED]	[REDACTED]
AE	1	US	0001	[REDACTED]	M	2	N	\$76.24		[REDACTED]	[REDACTED]
AF	1	US	0001	[REDACTED]	M	2	N	\$2,177.68		[REDACTED]	[REDACTED]
AG	1	US		[REDACTED]	M	2	N	\$1,500.00	0001	[REDACTED]	[REDACTED]

PIIN: [REDACTED] SOURCE ID: WInS
SPIIN: [REDACTED] SHIP DATE:
SHIP NO: BVN0018 MOCAS REC'D DT: [REDACTED]
INV/VOUCHER NO: BVN0018 INV/VOUCHER DATE: [REDACTED]
TASK ORDER: GATEWAY REC'D DT: [REDACTED]
INVOICE NO: 0018 CAGE: [REDACTED]
TOTAL AMOUNT: 5753.92 MOD NO:
MODE OF SHIP: ADPE NO: [REDACTED]
FAST PAY: PAYING OFFICE: [REDACTED]
DD250: [REDACTED]

DISC DAYS DATE AMOUNT
(1)
(2)

TRANSPORT AMOUNT:
CURRENCY CODE:

COMPANY NAME CONTRACTOR REP TEL NO FAX NO
[REDACTED] [REDACTED] [REDACTED] [REDACTED]

CAO OFFICE ACO REP TELEPHONE BUYING OFFICE
[REDACTED]

PERIOD/ORDER START: [REDACTED] SHIP TO CODE:
PERIOD END/DLVRD.: [REDACTED] MARK FOR CODE:

CLIN	NSN	QUAN	U/M CODE	UNIT PRICE
1		1	EA	3576.24
2		1	EA	2177.68

MILSTRIP

ACCT LINE
CLIN - 0001 ACRN - AE \$3576.240
67.0 DPPHS
CLIN - 0001 ACRN - AF \$2177.680
16.0 DPPHS

Defense Finance & Accounting Service
Payment Summary Report

Date Run: [REDACTED] EDI Ind: 2

Contract No.: [REDACTED] Contractor Name: [REDACTED]

Shipment No.: BVN0019 Invoice Type: Bureau Voucher

Invoice Amt.: \$5,902.58 Payment Date: [REDACTED]

Net Pmt Amt.: \$5,902.58 Force Thru: N

Deduct Amt.: \$0.00 User: [REDACTED]

Force Thru

Comments:

Payment

Comments:

ACRN	Svc	Cnty	CLIN	FC	TC	TP	CC	Disbursement	Comments	Batch Date	Batch Cd
AF	1	US	0001	[REDACTED]	M	2	N	\$5,902.58		[REDACTED]	[REDACTED]

*

PIIN:	[REDACTED]	SOURCE ID:	WInS
SPIIN:	[REDACTED]	SHIP DATE:	
SHIP NO:	BVN0019	MOCAS REC'D DT:	[REDACTED]
INV/VOUCHER NO:	BVN0019	INV/VOUCHER DATE:	[REDACTED]
TASK ORDER:		GATEWAY REC'D DT:	[REDACTED]
INVOICE NO:	00019	CAGE:	[REDACTED]
TOTAL AMOUNT:	5902.58	MOD NO:	[REDACTED]
MODE OF SHIP:		ADPE NO:	[REDACTED]
FAST PAY:		PAYING OFFICE:	[REDACTED]
		DD250:	[REDACTED]

	DISC	DAYS	DATE	AMOUNT
(1)				
(2)				

TRANSPORT AMOUNT:
CURRENCY CODE:

COMPANY NAME	CONTRACTOR REP	TEL NO	FAX NO
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

CAO OFFICE	ACO REP	TELEPHONE	BUYING OFFICE
[REDACTED]			

PERIOD/ORDER START:	[REDACTED]	SHIP TO CODE:
PERIOD END/DLVRD.:	[REDACTED]	MARK FOR CODE:

CLIN	NSN	QUAN	U/M CODE	UNIT PRICE
1		1	EA	1769.90
2		1	EA	3946.90
3		1	EA	185.78

MILSTRIP

ACCT LINE		
CLIN - 0001	ACRN - AE	\$1769.900
30.0 DPPHS		
CLIN - 0001	ACRN - AF	\$3946.900
29.0 DPPHS		
CLIN - 0001	ACRN - AG	\$185.780
6.0 DPPHS		

Defense Finance & Accounting Service Payment Summary Report

Date Run: [REDACTED] EDI Ind: 2

Contract No.: [REDACTED] Contractor Name: [REDACTED]

Shipment No.: BVN0020 Invoice Type: Bureau Voucher

Invoice Amt.: \$5,358.22 Payment Date: [REDACTED]

Net Pmt Amt.: \$5,358.22 Force Thru: N

Deduct Amt.: \$0.00 User: [REDACTED]

Force Thru

Comments:

Payment

Comments:

ACRN	Svc	Cnty	CLIN	FC	TC	TP	CC	Disbursement	Comments	Batch Date	Batch Cd
AB	1	US		[REDACTED]	M		Y	(\$1,663.72) 0004		[REDACTED]	[REDACTED]
AB	1	US		[REDACTED]	M	2	N	\$1,663.72 0005		[REDACTED]	[REDACTED]
AE	1	US		[REDACTED]	M	2	N	\$26.75 0001		[REDACTED]	[REDACTED]
AE	1	US		[REDACTED]	M		Y	(\$10.78) 0004		[REDACTED]	[REDACTED]
AE	1	US		[REDACTED]	M	2	N	\$10.78 0005		[REDACTED]	[REDACTED]
AF	1	US		[REDACTED]	M	2	N	\$4,164.62 0001		[REDACTED]	[REDACTED]
AG	1	US		[REDACTED]	M	2	N	\$1,166.85 0001		[REDACTED]	[REDACTED]

PIIN:	[REDACTED]	SOURCE ID:	WInS
SPIIN:	[REDACTED]	SHIP DATE:	
SHIP NO:	BVN0020	MOCAS REC'D DT:	[REDACTED]
INV/VOUCHER NO:	BVN0020	INV/VOUCHER DATE:	[REDACTED]
TASK ORDER:		GATEWAY REC'D DT:	[REDACTED]
INVOICE NO:	000020	CAGE:	[REDACTED]
TOTAL AMOUNT:	5358.22	MOD NO:	
MODE OF SHIP:		ADPE NO:	[REDACTED]
FAST PAY:		PAYING OFFICE:	[REDACTED]
		DD250:	

DISC	DAYS	DATE	AMOUNT
(1)			
(2)			

TRANSPORT AMOUNT:
CURRENCY CODE:

COMPANY NAME	CONTRACTOR REP	TEL NO	FAX NO
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

CAO OFFICE	ACO REP	TELEPHONE	BUYING OFFICE
[REDACTED]			

PERIOD/ORDER START:	[REDACTED]	SHIP TO CODE:
PERIOD END/DLVRD.:	[REDACTED]	MARK FOR CODE:

CLIN	NSN	QUAN	U/M CODE	UNIT PRICE	MILSTRIP
1		1	EA	5358.22	
ACCT LINE					
CLIN - 0001	ACRN - AE			\$26.750	
0.5 DPPHS					
CLIN - 0001	ACRN - AF			\$4164.620	
35.0 DPPHS					
CLIN - 0001	ACRN - AG			\$1166.850	
23.5 DPPHS					
CLIN - 0004	ACRN - AB			\$-1663.720	
OMATERIAL					
CLIN - 0005	ACRN - AB			\$1663.720	
TRAVEL					
CLIN - 0004	ACRN - AE			\$-1610.780	
OMATERIAL					
CLIN - 0005	ACRN - AE			\$1610.780	
TRAVEL					

Defense Finance & Accounting Service
Payment Summary Report

Date Run: [REDACTED] EDI Ind: 1

Contract No.: [REDACTED] Contractor Name: [REDACTED]

Shipment No.: BVN0021 Invoice Type: Bureau Voucher

Invoice Amt.: \$4,239.75 Payment Date: [REDACTED]

Net Pmt Amt.: \$4,239.75 Force Thru: N

Deduct Amt.: \$0.00 User: [REDACTED]

Force Thru

Comments:

Payment
Comments: EDI Voucher payment, CLIN/ACRN specific.

ACRN	Svc	Cnty	CLIN	FC	TC	TP	CC	Disbursement	Comments	Batch Date	Batch Cd
AF	1	US	0001	[REDACTED]	M	2	N	\$3,420.50		[REDACTED]	[REDACTED]
AG	1	US	0001	[REDACTED]	M	2	N	\$819.25		[REDACTED]	[REDACTED]

PIIN: [REDACTED] SOURCE ID: WInS
SPIIN: [REDACTED] SHIP DATE:
SHIP NO: BVN0021 MOCAS REC'D DT: [REDACTED]
INV/VOUCHER NO: BVN0021 INV/VOUCHER DATE: [REDACTED]
TASK ORDER: GATEWAY REC'D DT: [REDACTED]
INVOICE NO: 000021 CAGE: [REDACTED]
TOTAL AMOUNT: 4239.75 MOD NO:
MODE OF SHIP: ADPE NO: [REDACTED]
FAST PAY: PAYING OFFICE: [REDACTED]
DD250:

DISC DAYS DATE AMOUNT
(1)
(2)

TRANSPORT AMOUNT:
CURRENCY CODE:

COMPANY NAME CONTRACTOR REP TEL NO FAX NO
[REDACTED] [REDACTED] [REDACTED] [REDACTED]

CAO OFFICE ACO REP TELEPHONE BUYING OFFICE
[REDACTED]

PERIOD/ORDER START: [REDACTED] SHIP TO CODE:
PERIOD END/DLVRD.: [REDACTED] MARK FOR CODE:

CLIN	NSN	QUAN	U/M CODE	UNIT PRICE	MILSTRIP
1		1	EA	3420.50	
2		1	EA	819.25	

ACCT LINE
CLIN - 0001 ACRN - AF \$3420.500
31.0 DPPHS
CLIN - 0001 ACRN - AG \$819.250
17.0 DPPHS

Defense Finance & Accounting Service Payment Summary Report

Date Run: [REDACTED] EDI Ind: 2

Contract No.: [REDACTED] Contractor Name: [REDACTED]

Shipment No.: BVN0022 Invoice Type: Bureau Voucher

Invoice Amt.: \$5,899.74 Payment Date: [REDACTED]

Net Pmt Amt.: \$5,899.74 Force Thru: N

Deduct Amt.: \$0.00 User: [REDACTED]

Force Thru
Comments:

Payment
Comments:

ACRN	Svc	Cnty	CLIN	FC	TC	TP	CC	Disbursement	Comments	Batch Date	Batch Cd
AE	1	US	0005	[REDACTED]	M	2	N	\$5.86		[REDACTED]	[REDACTED]
AF	1	US	0001	[REDACTED]	M	2	N	\$2,994.24	AF,AG,AH-ALL0001	[REDACTED]	[REDACTED]
AG	1	US	0001	[REDACTED]	M	2	N	\$574.49		[REDACTED]	[REDACTED]
AH	1	US	0001	[REDACTED]	M	2	N	\$2,325.15		[REDACTED]	[REDACTED]

PIIN: [REDACTED]
 SPIIN: [REDACTED]
 SHIP NO: BVN0022
 INV/VOUCHER NO: BVN0022
 TASK ORDER:
 INVOICE NO: 000022
 TOTAL AMOUNT: 5899.74
 MODE OF SHIP:
 FAST PAY:

SOURCE ID: WInS
 SHIP DATE:
 MOCAS REC'D DT: [REDACTED]
 INV/VOUCHER DATE: [REDACTED]
 GATEWAY REC'D DT: [REDACTED]
 CAGE:
 MOD NO:
 ADPE NO: [REDACTED]
 PAYING OFFICE: [REDACTED]
 DD250:

DISC DAYS DATE AMOUNT
 (1)
 (2)

TRANSPORT AMOUNT:
 CURRENCY CODE:

COMPANY NAME CONTRACTOR REP TEL NO FAX NO

CAO OFFICE ACO REP TELEPHONE BUYING OFFICE

PERIOD/ORDER START: [REDACTED] SHIP TO CODE:
 PERIOD END/DLVRD.: [REDACTED] MARK FOR CODE:

CLIN	NSN	QUAN	U/M CODE	UNIT PRICE	MILSTRIP
1		1	EA	5.86	
2		1	EA	2994.24	
3		1	EA	2574.49	
4		1	EA	325.15	

ACCT LINE
 CLIN - 0005 ACRN - AE \$5.860
 TRAVEL
 CLIN - 0001 ACRN - AF \$2994.240
 22.0 DPPHS
 CLIN - 0001 ACRN - AG \$2574.490
 33.5 DPPHS
 CLIN - 0001 ACRN - AH \$325.150
 6.5 DPPHS

Defense Finance & Accounting Service
Payment Summary Report

Date Run: [REDACTED] EDI Ind: 1
Contract No.: [REDACTED] Contractor Name: [REDACTED]
Shipment No.: BVN0023 Invoice Type: Bureau Voucher
Invoice Amt.: \$4,499.82 Payment Date: [REDACTED]
Net Pmt Amt.: \$4,499.82 Force Thru: N
Deduct Amt.: \$0.00 User: [REDACTED]
Force Thru
Comments:

Payment
Comments:

ACRN	Svc	Cnty	CLIN	FC	TC	TP	CC	Disbursement	Comments	Batch Date	Batch Cd
AH	1	US	0001	[REDACTED]	M	2	N	\$4,499.82		[REDACTED]	[REDACTED]

PIIN:	[REDACTED]	SOURCE ID:	WInS
SPIIN:	[REDACTED]	SHIP DATE:	
SHIP NO:	BVN0023	MOCAS REC'D DT:	[REDACTED]
INV/VOUCHER NO:	BVN0023	INV/VOUCHER DATE:	[REDACTED]
TASK ORDER:		GATEWAY REC'D DT:	[REDACTED]
INVOICE NO:	000023	CAGE:	[REDACTED]
TOTAL AMOUNT:	4499.82	MOD NO:	
MODE OF SHIP:		ADPE NO:	[REDACTED]
FAST PAY:		PAYING OFFICE:	[REDACTED]
		DD250:	

	DISC	DAYS	DATE	AMOUNT
(1)				
(2)				

TRANSPORT AMOUNT:
CURRENCY CODE:

COMPANY NAME	CONTRACTOR REP	TEL NO	FAX NO
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

CAO OFFICE	ACO REP	TELEPHONE	BUYING OFFICE
[REDACTED]			

PERIOD/ORDER START:	[REDACTED]	SHIP TO CODE:
PERIOD END/DLVRD.:	[REDACTED]	MARK FOR CODE:

CLIN	NSN	QUAN	U/M CODE	UNIT PRICE	MILSTRIP
1		1	EA	4499.82	

ACCT LINE		
CLIN - 0001	ACRN - AH	\$4499.820
54.5 DPPHS		

Defense Finance & Accounting Service

Payment Summary Report

Date Run: [REDACTED] EDI Ind: 1

Contract No.: [REDACTED] Contractor Name: [REDACTED]

Shipment No.: BVN0024 Invoice Type: Bureau Voucher

Invoice Amt.: \$1,361.00 Payment Date: [REDACTED]

Net Pmt Amt.: \$1,361.00 Force Thru: N

Deduct Amt.: \$0.00 User: [REDACTED]

Force Thru

Comments:

Payment

Comments:

ACRN	Svc	Cnty	CLIN	FC	TC	TP	CC	Disbursement	Comments	Batch Date	Batch Cd
AF	1	US	0001	[REDACTED]	M	2	N	\$1,361.00		[REDACTED]	[REDACTED]

PIIN:	[REDACTED]	SOURCE ID:	WInS
SPIIN:	[REDACTED]	SHIP DATE:	
SHIP NO:	BVN0024	MOCAS REC'D DT:	[REDACTED]
INV/VOUCHER NO:	BVN0024	INV/VOUCHER DATE:	[REDACTED]
TASK ORDER:		GATEWAY REC'D DT:	[REDACTED]
INVOICE NO:	000024	CAGE:	[REDACTED]
TOTAL AMOUNT:	1361.00	MOD NO:	
MODE OF SHIP:		ADPE NO:	[REDACTED]
FAST PAY:		PAYING OFFICE:	[REDACTED]
		DD250:	

DISC	DAYS	DATE	AMOUNT
(1)			
(2)			

TRANSPORT AMOUNT:
CURRENCY CODE:

COMPANY NAME	CONTRACTOR REP	TEL NO	FAX NO
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

CAO OFFICE	ACO REP	TELEPHONE	BUYING OFFICE
[REDACTED]			

PERIOD/ORDER START:	[REDACTED]	SHIP TO CODE:
PERIOD END/DLVRD.:	[REDACTED]	MARK FOR CODE:

CLIN	NSN	QUAN	U/M CODE	UNIT PRICE	MILSTRIP
1		1	EA	1361.00	

ACCT LINE		
CLIN - 0001	ACRN - AF	\$1361.000
10.0 DPPHS		

Defense Finance & Accounting Service

Payment Summary Report

Date Run: [REDACTED] EDI Ind: 2

Contract No.: [REDACTED] Contractor Name: [REDACTED]

Shipment No.: BVN0025 Invoice Type: Bureau Voucher

Invoice Amt.: \$10,019.13 Payment Date: [REDACTED]

Net Pmt Amt.: \$10,019.13 Force Thru: N

Deduct Amt.: \$0.00 User: [REDACTED]

Force Thru
Comments:

Payment
Comments:

ACRN	Svc	Cnty	CLIN	FC	TC	TP	CC	Disbursement	Comments	Batch Date	Batch Cd
AF	1	US	0001	[REDACTED]	M	2	N	\$2,994.33	672637	[REDACTED]	[REDACTED]
AH	1	US	0001	[REDACTED]	M	2	N	\$7,024.80		[REDACTED]	[REDACTED]

PIIN: [REDACTED] SOURCE ID: WInS
SPIIN: [REDACTED] SHIP DATE:
SHIP NO: BVN0025 MOCAS REC'D DT: [REDACTED]
INV/VOUCHER NO: BVN0025 INV/VOUCHER DATE: [REDACTED]
TASK ORDER: GATEWAY REC'D DT: [REDACTED]
INVOICE NO: 0025 CAGE: [REDACTED]
TOTAL AMOUNT: 10019.13 MOD NO: [REDACTED]
MODE OF SHIP: ADPE NO: [REDACTED]
FAST PAY: PAYING OFFICE: [REDACTED]
DD250: [REDACTED]

(1) DISC DAYS DATE AMOUNT
(2)

TRANSPORT AMOUNT:
CURRENCY CODE:

COMPANY NAME CONTRACTOR REP TEL NO FAX NO
[REDACTED] [REDACTED] [REDACTED] [REDACTED]

CAO OFFICE ACO REP TELEPHONE BUYING OFFICE
[REDACTED] [REDACTED]

PERIOD/ORDER START: [REDACTED] SHIP TO CODE:
PERIOD END/DLVRD.: [REDACTED] MARK FOR CODE:

CLIN	NSN	QUAN	U/M CODE	UNIT PRICE
1		1	EA	2994.33
2		1	EA	7024.80

MILSTRIP

ACCT LINE		
CLIN - 0001	ACRN - AF	\$2994.330
22.0 DPPHS		
CLIN - 0001	ACRN - AH	\$7024.800
95.0 DPPHS		

PIIN:	[REDACTED]	SOURCE ID:	WInS
SPIIN:	[REDACTED]	SHIP DATE:	
SHIP NO:	BVN0026	MOCAS REC'D DT:	[REDACTED]
INV/VOUCHER NO:	BVN0026	INV/VOUCHER DATE:	[REDACTED]
TASK ORDER:		GATEWAY REC'D DT:	[REDACTED]
INVOICE NO:	000026	CAGE:	[REDACTED]
TOTAL AMOUNT:	8856.30	MOD NO:	
MODE OF SHIP:		ADPE NO:	[REDACTED]
FAST PAY:		PAYING OFFICE:	[REDACTED]
		DD250:	

	DISC	DAYS	DATE	AMOUNT
(1)				
(2)				

TRANSPORT AMOUNT:
CURRENCY CODE:

COMPANY NAME	CONTRACTOR REP	TEL NO	FAX NO
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

CAO OFFICE	ACO REP	TELEPHONE	BUYING OFFICE
[REDACTED]			

PERIOD/ORDER START:	[REDACTED]	SHIP TO CODE:
PERIOD END/DLVRD.:		MARK FOR CODE:

CLIN	NSN	QUAN	U/M CODE	UNIT PRICE
1		1	EA	787.48
2		1	EA	5482.92
3		1	EA	1837.35
4		1	EA	748.55

MILSTRIP

ACCT LINE		
CLIN - 0001	ACRN - AF	\$787.480
7.0 DPPHS		
CLIN - 0001	ACRN - AH	\$5482.920
76.0 DPPHS		
CLIN - 0001	ACRN - AJ	\$1837.350
13.5 DPPHS		
CLIN - 0001	ACRN - AL	\$748.550
5.5 DPPHS		

PIIN: [REDACTED] SPIIN: [REDACTED] ACRN: [REDACTED] RGS CODE: P4
CONTRACT OBLIGATION: 237069.00 ACRN OBLIGATION:
CONTRACT DISBURSEMENTS: 179784.53 ACRN DISBURSEMENTS:

DISB AMT: 2.62 SV: [REDACTED] ACRN: AE LIMIT: [REDACTED] FC: [REDACTED] APPROP: [REDACTED]
ACCT CLASS: [REDACTED] ACTG STAT: [REDACTED] PP: 026
TR CD: CC: TY PMT: 2 DOV: [REDACTED] SHP NO: BVN0027 FT: [REDACTED] DATE: [REDACTED]
CLIN: 0005 SHP-TO: [REDACTED] QTY: 00000000 CNCLD-FND-IND: [REDACTED] BATCH ID: AUTO

DISB AMT: 3.63 SV: [REDACTED] ACRN: AG LIMIT: [REDACTED] FC: [REDACTED] APPROP: [REDACTED]
ACCT CLASS: [REDACTED] ACTG STAT: [REDACTED] PP: 026
TR CD: CC: TY PMT: 2 DOV: [REDACTED] SHP NO: BVN0027 FT: [REDACTED] DATE: [REDACTED]
CLIN: 0005 SHP-TO: [REDACTED] QTY: 00000000 CNCLD-FND-IND: [REDACTED] BATCH ID: AUTO

DISB AMT: 667.31 SV: [REDACTED] ACRN: AH LIMIT: [REDACTED] FC: [REDACTED] APPROP: [REDACTED]
ACCT CLASS: [REDACTED] ACTG STAT: [REDACTED] PP: 026
TR CD: CC: TY PMT: 2 DOV: [REDACTED] SHP NO: BVN0027 FT: [REDACTED] DATE: [REDACTED]
CLIN: 0005 SHP-TO: [REDACTED] QTY: 00000000 CNCLD-FND-IND: [REDACTED] BATCH ID: AUTO

MORE PRESS ENTER FOR MORE INQUIRIES OR PA2 TO EXIT

PIIN: [REDACTED] SPIIN: [REDACTED] ACRN: [REDACTED] RGS CODE: P4
CONTRACT OBLIGATION: 237069.00 ACRN OBLIGATION:
CONTRACT DISBURSEMENTS: 179784.53 ACRN DISBURSEMENTS:

DISB AMT: 62.65 SV: [REDACTED] ACRN: AJ LIMIT: [REDACTED] FC: [REDACTED] APPROP: [REDACTED]
ACCT CLASS: [REDACTED] ACTG STAT: [REDACTED] PP: 026
TR CD: CC: TY PMT: 2 DOV: [REDACTED] SHP NO: BVN0027 FT: [REDACTED] DATE: [REDACTED]
CLIN: 0005 SHP-TO: [REDACTED] QTY: 00000000 CNCLD-FND-IND: [REDACTED] BATCH ID: AUTO

DISB AMT: 274.32 SV: [REDACTED] ACRN: AL LIMIT: [REDACTED] FC: [REDACTED] APPROP: [REDACTED]
ACCT CLASS: [REDACTED] ACTG STAT: [REDACTED] PP: 026
TR CD: CC: TY PMT: 2 DOV: [REDACTED] SHP NO: BVN0027 FT: [REDACTED] DATE: [REDACTED]
CLIN: 0005 SHP-TO: [REDACTED] QTY: 00000000 CNCLD-FND-IND: [REDACTED] BATCH ID: AUTO

DISB AMT: SV: ACRN: LIMIT: FC: APPROP:
ACCT CLASS: ACTG STAT: PP:
TR CD: CC: TY PMT: DOV: SHP NO: FT: DATE:
CLIN: SHP-TO: QTY: CNCLD-FND-IND: BATCH ID:

*END PRESS PA2 TO RETURN TO PREVIOUS MENU SCREEN

PIIN:	[REDACTED]	SOURCE ID:	WInS
SPIIN:	[REDACTED]	SHIP DATE:	
SHIP NO:	BVN0027	MOCAS REC'D DT:	[REDACTED]
INV/VOUCHER NO:	BVN0027	INV/VOUCHER DATE:	[REDACTED]
TASK ORDER:		GATEWAY REC'D DT:	[REDACTED]
INVOICE NO:	000027	CAGE:	[REDACTED]
TOTAL AMOUNT:	1010.53	MOD NO:	
MODE OF SHIP:		ADPE NO:	[REDACTED]
FAST PAY:		PAYING OFFICE:	[REDACTED]
		DD250:	

DISC	DAYS	DATE	AMOUNT
(1)			
(2)			

TRANSPORT AMOUNT:
CURRENCY CODE:

COMPANY NAME	CONTRACTOR REP	TEL NO	FAX NO
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

CAO OFFICE	ACO REP	TELEPHONE	BUYING OFFICE
[REDACTED]			

PERIOD/ORDER START:	[REDACTED]	SHIP TO CODE:
PERIOD END/DLVRD.:	[REDACTED]	MARK FOR CODE:

CLIN	NSN	QUAN	U/M CODE	UNIT PRICE	MILSTRIP
1		1	EA	2.62	
2		1	EA	3.63	
3		1	EA	667.31	
4		1	EA	62.65	
5		1	EA	274.32	

ACCT LINE		
CLIN - 0005	ACRN - AE	\$2.620
TRAVEL		
CLIN - 0005	ACRN - AG	\$3.630
TRAVEL		
CLIN - 0005	ACRN - AH	\$667.310
TRAVEL		
CLIN - 0005	ACRN - AJ	\$62.650
TRAVEL		
CLIN - 0005	ACRN - AL	\$274.320
TRAVEL		

VOUCHER AND SCHEDULE
OF WITHDRAWALS AND CREDITS
JSA 182225 COLUMBUS OH 43218-2225

Credit side

Page 1 of 2

Transaction Date

Document No.

CHARGE AND CREDIT WILL BE REPORTED ON
CUSTOMER AGENCY STATEMENT OF TRANS-
ACTIONS FOR ACCOUNTING PERIOD ENDING

CUSTOMER AGENCY

Agency Location Code (ALC)

Customer Agency Voucher No.

BILLING AGENCY

Agency Location Code (ALC)

Billing Agency Voucher No.

DEPARTMENT

BUREAU

ADDRESS

DEPARTMENT

BUREAU

ADDRESS

SUMMARY

APPROPRIATION, FUND OR RECEIPT SYMBOL

AMOUNT

SUMMARY

APPROPRIATION, FUND OR RECEIPT SYMBOL

AMOUNT

JA NOS0001 NOCLIN \$ 165.48

\$H AB \$ 0.11
C BVN0028 0005
\$I AC \$ 0.10
C BVN0028 0005
\$J AD \$ 43.19
C BVN0028 0005
\$K AE \$ 103.69
C BVN0028 0005
\$L AG \$ 0.08
C BVN0028 0005

MUST AGREE WITH BILLING

TOTAL \$

Continued

MUST AGREE WITH CUSTOMER

TOTAL \$

Continued

SPLIT SERVICE

Details of charges or reference to attached supporting documents

Part Pay Number 000 Voucher Voucher Date

Group 6

BILLING AGENCY CONTACT:

Prepared By

NO 457e REQUIRED - CA UPLOAD TO MOCAS

CERTIFICATION OF CUSTOMER OFFICE

I certify that the items listed herein are correct and proper for payment from and to the appropriation(s) designated.

(Date)

(Authorized administrative or certifying officer)

(Telephone No.)

VOUCHER AND SCHEDULE
OF WITHDRAWALS AND CREDITS
JSA 182225 COLUMBUS OH 43218-2225

Credit side

Page 2 of 2

Transaction Date

Document No.

CHARGE AND CREDIT WILL BE REPORTED ON
CUSTOMER AGENCY STATEMENT OF TRANS-
ACTIONS FOR ACCOUNTING PERIOD ENDING

CUSTOMER AGENCY

BILLING AGENCY

Agency Location Code (ALC)

Customer Agency Voucher No.

Agency Location Code (ALC)

Billing Agency Voucher No.

DEPARTMENT
BUREAU
ADDRESS

DEPARTMENT
BUREAU
ADDRESS

SUMMARY

APPROPRIATION, FUND OR RECEIPT SYMBOL

AMOUNT

SUMMARY

APPROPRIATION, FUND OR RECEIPT SYMBOL

AMOUNT

\$M AH [REDACTED] \$ 12.17
C [REDACTED]
BVN0028 0005
\$N AJ [REDACTED] \$ 1.14
C [REDACTED]
BVN0028 0005
\$O AL [REDACTED] \$ 5.00
C [REDACTED]
BVN0028 0005

MUST AGREE WITH BILLING

TOTAL \$

165.48

MUST AGREE WITH CUSTOMER

TOTAL \$

165.48

Details of charges or reference to attached supporting documents

Part Pay Number 000 Voucher [REDACTED] Voucher Date [REDACTED]

Group 6

BILLING AGENCY CONTACT:

Prepared By

NO 457e REQUIRED - CA UPLOAD TO MOCAS

CERTIFICATION OF CUSTOMER OFFICE

I certify that the items listed herein are correct and proper for payment from and to the appropriation(s) designated.

(Date)

(Authorized administrative or certifying officer)

(Telephone No.)

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

VOUCHER NO.
000028

PAYEE'S
NAME
AND
ADDRESS

SHIPPED FROM

TO

WEIGHT

DISCOUNT TERMS

PAYEE'S ACCOUNT NUMBER

GOVERNMENT B/L NUMBER

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract of Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT
				COST	PER	
FROM: [REDACTED] TO: [REDACTED]	[REDACTED]	YEAR END RATE ADJUSTMENT				
		CLIN 0005 ACRN AB -\$0.11				
		CLIN 0005 ACRN AC -\$0.10				
		CLIN 0005 ACRN AD -\$43.19				
		CLIN 0005 ACRN AE -\$103.69				
		CLIN 0005 ACRN AG -\$0.08				
		CLIN 0005 ACRN AH -\$12.17				
		CLIN 0005 ACRN AJ -\$1.14				
		CLIN 0005 ACRN AL -\$5.00				

(See instructions should be necessary)

(Payee must NOT use the space below)

PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE	APPROVED FOR	EXCHANGE RATE	TOTAL	-165.48
	BY?	\$	\$1.00	DIFFERENCES
	TITLE			
				Amount verified; correct for
				(Signature or initials)

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

(Date) (Authorized Certifying Officer) (Title)

ACCOUNTING CLASSIFICATION

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	CASH	DATE	PAYEE	

*When stated in foreign currency, insert name of currency.
*If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.
*When a voucher is received in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", to the end may be.

Previous edition usable

U.S. GOVERNMENT PRINTING OFFICE: 1966-0-491-248/20630

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

03/0 03246
0183 00000000/03216
0001000850001

BILLING # 000028

DESCRIP: BMD CONTRACT BILLING

BILLING DATE: PAGE: 01

TO:

FROM:

PRIME CONTRACT #:

OTHER CONTRACT #:

ACCOUNT NUMBER:

TOTAL CONTRACT:

201,569.00

CONTRACT NAME:

BILL PD END:

CURRENT
RATE

CURRENT
HOURS

CURRENT
BILLABLE

CUMULATIVE
HOURS

CUMULATIVE
BILLABLE

ANALYST I-DC-OFF SIT	57.58	0.0	0.00	32.0	1778.24
ANALYST VI-DC-OFF	86.19	0.0	0.00	278.0	23835.24
ANALYST VIII-DC-OFF	120.50	0.0	0.00	152.0	17776.78
SR.MGM/TEC II-DC-OFF	136.10	0.0	0.00	406.0	55029.08
TECHNICIANIII-DC-OFF	53.49	0.0	0.00	645.0	34486.25
CLERK I-DC-OFF	22.51	0.0	0.00	28.0	624.12
CLERKII-DC-OFF	30.96	0.0	0.00	100.5	3092.40
ENGINEER VIII-ON	94.61	0.0	0.00	38.0	3490.54
TOTAL LABOR		0.0	0.00	1679.5	140112.65
SUBCONTRACT-TRAVEL			0.00		11871.91
SUBTOTAL ODCS			0.00		11871.91
SUBCONTRACT HANDLING			-165.48		309.40
TOTAL NON-LABOR BILLABLE			-165.48		12181.31
TOTAL BILLING			-165.48		152293.96

03/05/03216
000100850002

SUB-VOUCHER				PAGE 01		DSSN [REDACTED]	DATE [REDACTED]	VOUCHER NO. [REDACTED]							
CHECK NO. [REDACTED]		OR <input type="checkbox"/> CASH	AMOUNT OF PAYMENT												
			6,524.21												
DATE		PAID TO: [REDACTED]													
SIGNATURE															
CONTRACT OR OTHER AUTHORIZATION NUMBER		FT	ACCOUNTING CLASSIFICATION											BUD ACT USN	AMOUNT
			DEPT	FY	NAVY						ACCTG STA				
					BU	APP	OBJ	MIPR	BU CON	EXPEND ACCTG					
					AIR FORCE ARMY										
			FUND	LIMIT	OAC	SERIAL NUMBER	PROJ	SUB	OBJ	LOC	NO				
2	[REDACTED]	AL	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	6,524.21		
COLLECTIONS AND/OR DEDUCTIONS															
* TYPE OF PAYMENT CODE		REMARKS													
COMMERCIAL ACCOUNTS		<div style="display: flex; justify-content: space-between;"> <div> <p>CALL TOTAL</p> <p>CONTRACT TOTAL</p> <p>CAGE: [REDACTED] ACO: [REDACTED] CAO: [REDACTED] ISSUED-BY: [REDACTED]</p> </div> <div style="text-align: right;"> <p>6,524.21</p> <p>6,524.21</p> </div> </div>													
1 COMPLETE OF FINAL 027															
2 PARTIAL															
3 WORK IN PROGRES															
4 ADVANCE															
5 LAPSED FUND TRAVEL															
6 ADVANCE															
7 COMPLETE OR FINAL															
8 PARTIAL															

Defense Finance & Accounting Service

Payment Summary Report

Date Run: [REDACTED] EDI Ind: 1

Contract No.: [REDACTED] Contractor Name: [REDACTED]

Shipment No.: BVN0029 Invoice Type: Bureau Voucher

Invoice Amt.: \$6,524.21 Payment Date: [REDACTED]

Net Pmt Amt.: \$6,524.21 Force Thru: N

Deduct Amt.: \$0.00 User: [REDACTED]

Force Thru

Comments:

Payment

Comments:

ACRN	Svc	Cnty	CLIN	FC	TC	TP	CC	Disbursement	Comments	Batch Date	Batch Cd
AL	1	US	0001	[REDACTED]	M	2	N	\$6,524.21		[REDACTED]	[REDACTED]

PIIN:	[REDACTED]	SOURCE ID:	WInS
SPIIN:	[REDACTED]	SHIP DATE:	
SHIP NO:	BVN0029	MOCAS REC'D DT:	[REDACTED]
INV/VOUCHER NO:	BVN0029	INV/VOUCHER DATE:	[REDACTED]
TASK ORDER:		GATEWAY REC'D DT:	[REDACTED]
INVOICE NO:	000029	CAGE:	[REDACTED]
TOTAL AMOUNT:	6524.21	MOD NO:	
MODE OF SHIP:		ADPE NO:	[REDACTED]
FAST PAY:		PAYING OFFICE:	[REDACTED]
		DD250:	

DISC	DAYS	DATE	AMOUNT
(1)			
(2)			

TRANSPORT AMOUNT:
CURRENCY CODE:

COMPANY NAME	CONTRACTOR REP	TEL NO	FAX NO
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

CAO OFFICE	ACO REP	TELEPHONE	BUYING OFFICE
[REDACTED]			

PERIOD/ORDER START:	[REDACTED]	SHIP TO CODE:
PERIOD END/DLVRD.:	[REDACTED]	MARK FOR CODE:

CLIN	NSN	QUAN	U/M CODE	UNIT PRICE	MILSTRIP
1		1	EA	6524.21	

ACCT LINE		
CLIN - 0001	ACRN - AL	\$6524.210
81.0 DPPHS		

DLA FORM 1675
APR 81

FORM APPROVED BY COMPTROLLER
GENERAL, U.S. 4 APR 56

PIIN: [REDACTED] SOURCE ID: WinS
SPIIN: [REDACTED] SHIP DATE:
SHIP NO: BVN0030 MOCAS REC'D DT: [REDACTED]
INV/VOUCHER NO: BVN0030 INV/VOUCHER DATE: [REDACTED]
TASK ORDER: GATEWAY REC'D DT: [REDACTED]
INVOICE NO: 000030 CAGE: [REDACTED]
TOTAL AMOUNT: 2679.81 MOD NO:
MODE OF SHIP: ADPE NO: [REDACTED]
FAST PAY: PAYING OFFICE: [REDACTED]
DD250:

DISC DAYS DATE AMOUNT
(1)
(2)

TRANSPORT AMOUNT:
CURRENCY CODE:

COMPANY NAME CONTRACTOR REP TEL NO FAX NO
[REDACTED] [REDACTED] [REDACTED] [REDACTED]

CAO OFFICE ACO REP TELEPHONE BUYING OFFICE
[REDACTED]

PERIOD/ORDER START: [REDACTED] SHIP TO CODE:
PERIOD END/DLVRD.: [REDACTED] MARK FOR CODE:

CLIN	NSN	QUAN	U/M CODE	UNIT PRICE	MILSTRIP
1		1	EA	2679.81	

ACCT LINE
CLIN - 0001 ACRN - AL \$2679.810
34.0 DPPHS

SUB-VOUCHER

PAGE 01

DSSN

DATE

VOUCHER NO.

CHECK NO.

OR

☐

CASH

AMOUNT OF PAYMENT

3,325.91

PAID TO:

DATE

SIGNATURE

CONTRACT OR OTHER
AUTHORIZATION
NUMBER

FT

DEPT

FY

ACCOUNTING CLASSIFICATION

NAVY

BU

APP

OBJ

MIPR

BU

CON

EXPEND

ACCTG

ACCTG

STA

BUD

ACT

USN

AMOUNT

AIR FORCE ARMY

FUND

LIMIT

OAC

SERIAL
NUMBER

PROJ

SUB

OBJ

LOC

NO

2

2

3,226.47

99.44

BVN0031

BVN0031

COLLECTIONS AND/OR DEDUCTIONS

* TYPE OF PAYMENT CODE

REMARKS

COMMERCIAL ACCOUNTS

- 1 COMPLETE OF FINAL
2 PARTIAL
3 WORK IN PROGRES
4 ADVANCE
5 LAPSED FUND
6 ADVANCE TRAVEL
7 COMPLETE OR FINAL
8 PARTIAL

029

CALL TOTAL

CONTRACT TOTAL

3,325.91

3,325.91

CAGE: ACO: CAO: ISSUED-BY:

Defense Finance & Accounting Service

Payment Summary Report

Date Run: [REDACTED] EDI Ind: 1

Contract No.: [REDACTED] Contractor Name: [REDACTED]

Shipment No.: BVN0031 Invoice Type: Bureau Voucher

Invoice Amt.: \$3,325.91 Payment Date: [REDACTED]

Net Pmt Amt.: \$3,325.91 Force Thru: N

Deduct Amt.: \$0.00 User: [REDACTED]

Force Thru
Comments:

Payment
Comments:

ACRN	Svc	Cnty	CLIN	FC	TC	TP	CC	Disbursement	Comments	Batch Date	Batch Cd
AL	1	US	0001	[REDACTED]	M	2	N	\$3,226.47		[REDACTED]	[REDACTED]
AL	1	US	0005	[REDACTED]	M	2	N	\$99.44		[REDACTED]	[REDACTED]

PIIN: [REDACTED] SOURCE ID: WInS
SPIIN: [REDACTED] SHIP DATE:
SHIP NO: BVN0031 MOCAS REC'D DT: [REDACTED]
INV/VOUCHER NO: BVN0031 INV/VOUCHER DATE: [REDACTED]
TASK ORDER: GATEWAY REC'D DT: [REDACTED]
INVOICE NO: 000031 CAGE: [REDACTED]
TOTAL AMOUNT: 3325.91 MOD NO:
MODE OF SHIP: ADPE NO: [REDACTED]
FAST PAY: PAYING OFFICE: [REDACTED]
DD250:

DISC DAYS DATE AMOUNT
(1)
(2)

TRANSPORT AMOUNT:
CURRENCY CODE:

COMPANY NAME CONTRACTOR REP TEL NO FAX NO

CAO OFFICE ACO REP TELEPHONE BUYING OFFICE

PERIOD/ORDER START: [REDACTED] SHIP TO CODE:
PERIOD END/DLVRD.: [REDACTED] MARK FOR CODE:

CLIN	NSN	QUAN	U/M CODE	UNIT PRICE	MILSTRIP
1		1	EA	3226.47	
2		1	EA	99.44	

ACCT LINE
CLIN - 0001 ACRN - AL \$3226.470
51.0 DPPHS
CLIN - 0005 ACRN - AL \$99.440
TRAVEL

SUB-VOUCHER

PAGE 01

DSSN

DATE

VOUCHER NO.

CHECK NO.

OR

CASH

AMOUNT OF PAYMENT

2,415.43

PAID TO:

DATE

SIGNATURE

ACCOUNTING CLASSIFICATION

CONTRACT OR OTHER
AUTHORIZATION
NUMBER

FT

DEPT

FY

BU

APP

OBJ

MIPR

BU

CON

EXPEND

ACCTG

ACCTG

STA

BUD

ACT

USN

AMOUNT

2

AL

FUND

LIMIT

OAC

SERIAL

NUMBER

PROJ

SUB

OBJ

LOC

NO

BVN0032

2,415.43

COLLECTIONS AND/OR DEDUCTIONS

* TYPE OF PAYMENT CODE

REMARKS

COMMERCIAL ACCOUNTS

- 1 COMPLETE OF FINAL
- 2 PARTIAL
- 3 WORK IN PROGRES
- 4 ADVANCE
- 5 LAPSED FUND
- 6 ADVANCE TRAVEL
- 7 COMPLETE OR FINAL
- 8 PARTIAL

030

API

CAGE: [REDACTED]

ACO: [REDACTED]

CAO: [REDACTED]

ISSUED-BY: [REDACTED]

CALL TOTAL

2,415.43

CONTRACT TOTAL

2,415.43

DLA

FORM
APR 81

1675

REPLACES DD FORM 1534-1, 1 JUN 65, WHICH MAY BE
USED UNTIL SUPPLY IS EXHAUSTEDFORM APPROVED BY COMPTROLLER
GENERAL, U.S. 4 APR 66

PIIN:	[REDACTED]	SOURCE ID:	WInS
SPIIN:	[REDACTED]	SHIP DATE:	
SHIP NO:	BVN0032	MOCAS REC'D DT:	[REDACTED]
INV/VOUCHER NO:	BVN0032	INV/VOUCHER DATE:	[REDACTED]
TASK ORDER:		GATEWAY REC'D DT:	[REDACTED]
INVOICE NO:	000032	CAGE:	[REDACTED]
TOTAL AMOUNT:	2415.43	MOD NO:	
MODE OF SHIP:		ADPE NO:	[REDACTED]
FAST PAY:		PAYING OFFICE:	[REDACTED]
		DD250:	

	DISC	DAYS	DATE	AMOUNT
(1)				
(2)				

TRANSPORT AMOUNT:
CURRENCY CODE:

COMPANY NAME	CONTRACTOR REP	TEL NO	FAX NO
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

CAO OFFICE	ACO REP	TELEPHONE	BUYING OFFICE
[REDACTED]			

PERIOD/ORDER START:	[REDACTED]	SHIP TO CODE:
PERIOD END/DLVRD.:	[REDACTED]	MARK FOR CODE:

CLIN	NSN	QUAN	U/M CODE	UNIT PRICE	MILSTRIP
1		1	EA	2415.43	

ACCT LINE		
CLIN - 0001	ACRN - AL	\$2415.430
37.0 DPPHS		